Medical Policy Updates

Document Number: 999

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December 2020

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
None	N/A	N/A	N/A	N/A	N/A

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Adoptive Immunotherapy	455	All adoptive immunotherapy techniques intended to enhance autoimmune effects are considered investigational for the indications included, but not limited to, in this policy.	December 1, 2020	Commercial Medicare	Hematology Oncology
Chimeric Antigen Receptor Therapy for Hematologic Malignancies	066	New medically necessary indications described for Brexucabtagene autoleucel for adult patients with relapsed/refractory mantle cell lymphoma.	December 1, 2020	Commercial Medicare	Hematology
CAR T-Cell Therapy Services for Mantle Cell Lymphoma (Brexucabtagene Autoleucel) **Prior Authorization Request Form**	940	New CAR T-Cell Therapy Services for Mantle Cell Lymphoma (Brexucabtagene Autoleucel) Prior Authorization Request Form	December 1, 2020	Commercial Medicare	Hematology
Esketamine Nasal Spray (Spravato™) and Intravenous Ketamine for Mental Health Conditions	087	New medically necessary statements described. Title changed.	April 1, 2021	Commercial Medicare	Psychiatry

Advanced Imaging/Radiology
Effective for dates of service on and after March 14, 2021, the following updates will apply to the AIM Advanced Imaging Clinical Appropriateness Guidelines. You may access and download a copy of the current guidelines here. For questions related to the guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com.

AIM Guideline	Contains updates to the following:	Effective Date	Products Affected	Policy Type
Imaging of the Chest	**Signs and Symptoms** Hoarseness, dysphonia, or vocal cord weakness ▪ Require laryngoscopy for the initial evaluation of all patients with primary voice complaint ▪ Align adults and pediatrics	March 14, 2021	Commercial Medicare	Radiology Cardiology Pulmonology
Imaging of the Head and Neck	**Infectious and Inflammatory Conditions** Sinusitis/rhinosinusitis ▪ Add more flexibility for the method of conservative treatment in chronic sinusitis ▪ Require a repeat attempt at conservative management prior to repeat imaging for patients with prior sinus CT **Nasal Indications** Anosmia ▪ Added language to clarify intent that this indication is meant to be for anosmia with concern for central etiology **Temporomandibular Joint Pathology** Temporomandibular joint dysfunction ▪ Removed requirement for radiographs/ultrasound for clarity – that requirement was waived for patients with mechanical symptoms, but mechanical symptoms are a prerequisite for advanced imaging **Miscellaneous Conditions** Cerebrospinal fluid (CSF) leak of the skull base ▪ Added scenario for management of known leak with change in clinical condition **Signs and Symptoms** Dizziness or vertigo ▪ Clarified “signs or symptoms” of central vertigo Hearing loss ▪ Added CT temporal bone for evaluation of sensorineural hearing loss (SNHL) in any pediatric patients or in adults for whom MRI is nondiagnostic or unable to be performed ▪ Higher allowed threshold for consecutive frequencies to establish SNHL ▪ Removed CT brain as an alternative to	March 14, 2021	Commercial Medicare	Radiology Multispecialty

	evaluating hearing loss based on ACR guidance (CT brain usually not appropriate) Hoarseness, dysphonia, and vocal cord weakness/paralysis - ADULT ▪ Require laryngoscopy for the initial evaluation of all patients with primary voice complaint ▪ Align adults and pediatrics Tinnitus ▪ Added content to head and neck document since CT temporal bone is approvable in some scenarios ▪ Removed "abrupt or sudden onset" as an independent criterion for imaging as the remaining two bullet points should cover the appropriate scenarios			
Imaging of the Brain	**Congenital and Developmental Conditions** Ataxia, congenital or hereditary ▪ Combine with congenital cerebral anomalies to create one section **Tumor or Neoplasm** Acoustic neuroma (Adult only) ▪ More frequent imaging for a watch and wait or incomplete resection ▪ New indication for NF 2 ▪ More frequent imaging when MRI shows findings suspicious for recurrence ▪ Single post-operative MRI following gross total resection ▪ Include pediatrics with known acoustics (rare but NF 2) Pituitary adenoma ▪ Added clarifying definitions for management and surveillance for operational clarity Tumor – not otherwise specified ▪ Clarification for benign intracranial cysts ▪ Repurpose for surveillance imaging of low-grade neoplasms ▪ Remove for clinically suspected – see more specific clinical indication Seizure disorder - ADULT ▪ Limit imaging for the management of established generalized epilepsy ▪ Combine indications for seizure disorder and seizure refractory into one guideline ▪ Require optimal medical management (aligning adult and pediatric language) prior to imaging for management in epilepsy	March 14, 2021	Commercial Medicare	Radiology Neurology Neurosurgery

	Signs and Symptoms Dizziness or vertigo ▪ Clarify “signs or symptoms” of central vertigo Headache ▪ Remove response to treatment as a primary headache red flag based on lack of evidence and guidelines to support it ▪ Include pregnancy as a red flag risk factor Hearing loss ▪ Added CT temporal bone for evaluation of sensorineural hearing loss in any pediatric patients or in adults for whom MRI is nondiagnostic or unable to be performed ▪ Higher allowed threshold for consecutive frequencies to establish SNHL ▪ Remove CT brain as an alternative to evaluating hearing loss based on ACR guidance (CT brain usually not appropriate) Mental status change and encephalopathy ▪ Added requirement for initial clinical and lab evaluation to assess for a more specific cause Tinnitus ▪ Remove sudden onset symmetric tinnitus as an indication for advanced imaging			
Oncologic Imaging	**General Information/Overview** Scope ▪ Wording updates and clarification Definitions ▪ Distinguish categories ▪ Clarify application of management to oncologic imaging ▪ Clarify the definition of surveillance to further distinguish from management Appropriate use category ▪ Moved definition of documented malignancy from the scope section ▪ Removed definition of as clinically indicated – no operational difference. Language to be updated throughout the Oncologic Imaging document ▪ Inclusion of definitions and scenarios applicable to oncologic imaging. Added language regarding cannot be performed or is nondiagnostic. Language to be updated throughout the Oncologic Imaging document	March 14, 2021	Commercial Medicare	Radiology Oncology Hematology

	▪ Standardize definition of clinical suspicion and symptom direct staging **Cancer Screening** Colorectal cancer screening ▪ Align with NCCN for screening (definition of average risk) ▪ Additional scenario per NCCN for diagnostic CT colonography Pancreatic cancer screening ▪ Screening criteria added, based on the NCCN and the International Cancer of the Pancreas Screening (CAPS) Consortium **Anal Cancer** MRI pelvis ▪ NCCN alignment: Pelvic CT or MRI FDG-PET/CT ▪ Current expansive criteria covered by more expansive criteria below ▪ NCCN alignment “re-evaluate using imaging studies per initial workup” **Bladder, Renal Pelvis, and Ureter Cancer** Bladder, Renal Pelvis, and Ureter Cancers: Invasive FDG-PET/CT ▪ No evidence for clear superiority of PET over standard imaging, NCCN 2B for PET/CT ▪ Current objective signs or symptoms criteria redundant with above criteria **Brain and Spinal Cord Cancers** FDG-PET/CT brain ▪ No current NCCN diagnostic recommendations for this modality **Breast Cancer** MRI breast ▪ Separate screening and surveillance scenarios ▪ Limit surveillance to women with breast conserving therapy – 2B NCCN recommendation with additional AIM evidence review FDG-PET/CT ▪ Standardize wording ▪ Removed redundant scenario ▪ Addition to align with existing allowance based on operational feedback **Cervical Cancer** FDG-PET/CT ▪ Stage IB1 and higher per NCCN 2A			

	▪ PET listed as an alternative to conventional imaging per NCCN ▪ Allow PET/CT for suspected recurrence NCCN 2A **Colorectal Cancer** CT Chest ▪ CT Chest, Abdomen and Pelvis: Alignment with NCCN parameters (category 2A); previous scenarios reflective of higher stage disease. Frequency parameter per NCCN source document ▪ Align with NCCN 2A ▪ CT Chest for suspected cancer is permissive change CT abdomen and pelvis ▪ Align with NCCN 2A MRI pelvis ▪ Align with NCCN 2A ▪ Inclusion of new scenario in alignment with NCCN (category 2A) FDG-PET/CT ▪ Specified standard imaging in alignment w/ NCCN. Nondiagnostic wording update under Appropriate use definition. Otherwise no content change. **Esophageal and Gastroesophageal Junction Cancers** CT pelvis ▪ Align with NCCN 2A diagnostic testing strategy recommendation FDG-PET/CT ▪ Align with NCCN 2A diagnostic testing strategy recommendation **Gastric Cancer** FDG-PET/CT ▪ Align with NCCN 2A diagnostic testing strategy recommendation **Testicular Cancer** Nonseminoma FDG-PET/CT ▪ NCCN: PET/CT not addressed for subtype ▪ Malignant GCT of ovary to be reviewed under Ovarian Cancer guideline **Hepatobiliary Cancer** MRI abdomen with or without MRCP ▪ NCCN: CT/MRI FDG-PET/CT			

	▪ Addition to include similar but separate pathology **Kidney Cancer/Renal Cell Carcinoma** MRI abdomen ▪ NCCN alignment: CT or MRI (category 2A) for initial workup and follow-up scenarios MRI brain ▪ Align with NCCN 2A **Lung Cancer – Non-Small Cell** MRI chest ▪ Management for superior sulcus tumors post-treatment with MRI not addressed by NCCN (CT is recommended, category 2A). FDG-PET/CT ▪ Align with NCCN 2A recommendation and Fleischner society. ▪ Content overlap with Pulmonary Nodule guideline (Chest imaging); size parameter is more permissive (PET evaluation of masses > 3 cm to optimize sampling) ▪ Align with NCCN 2A recommendation **Lymphoma – Hodgkin** FDG-PET/CT ▪ Clarification for post-treatment parameter ▪ NCCN 2A for post treatment follow up **Lymphoma – Non-Hodgkin and Leukemia** Acute Leukemia ▪ New indication based on NCCN 2A **Melanoma** FDG-PET/CT ▪ "Melanoma" to include cutaneous and mucosal subtypes ▪ Stage III equivalence (NCCN: PET not addressed) **Multiple Myeloma** CT chest, CT abdomen and pelvis ▪ Note: Surveillance scenario not applicable to myeloma given disease not cured/resolved. Post-treatment evaluation of residual disease should be reviewed under Management MRI skeletal MRI (bone marrow blood supply) ▪ Removed MRI skeletal (out of scope for AIM review) ▪ Inclusion for initial staging and management scenarios FDG-PET/CT			

	▪ NCCN: Whole body CT or FDG PET/CT recommended for initial work-up of suspected myeloma/smoldering myeloma/solitary plasmacytoma (category 2A) ▪ NCCN: Advanced Imaging for post-primary treatment (whole body MRI without contrast, low-dose CT scan, FDG PET/CT) **Neuroendocrine Tumors** Well-differentiated neuroendocrine tumor ▪ MRI abdomen and MRI pelvis: Align with NCCN (CT or MRI) **Ovarian Cancer All Variants** CT chest, CT abdomen and pelvis, MRI abdomen and pelvis ▪ All ovarian cancer subtypes to be reviewed under same heading. Includes epithelial, endometroid, malignant germ cell tumors, serous and mucinous carcinoma subtypes ▪ Alignment with NCCN for surveillance (category 2A) **Prostate Cancer** CT chest, CT abdomen and/or pelvis ▪ Align with NCCN MRI abdomen ▪ No evidence of MR Abdomen superiority over CT MRI pelvis (also known as multiparametric MRI) ▪ NCCN 2A Allow for mpMRI in patient with suspected prostate cancer ▪ NCCN 2A Allows for mpMRI to determine eligibility for active surveillance ▪ Change in care continuum designation from Diagnosis to management Restaging as a conventional imaging alternative 18F Fluciclovine PET/CT or 11C Choline PET/CT ▪ Define timeframe for conventional imaging and require it for all patients per recent clinical trials ▪ Limit requirement for multiparametric MRI to PSA < 1 ▪ Allow Axumin for PSA > 1 based on evidence for reasonable detection rate and management impact in new clinical trials ▪ Clarify salvage therapy with curative intent ▪ Limit PET/CT performed within 3 month			

	per exclusion criteria of recent clinical trials **Sarcoma of Bone and Soft Tissue** Bone Sarcoma FDG-PET/CT ▪ NCCN: PET for initial treatment of Ewing sarcoma and osteosarcoma (2A); definitive therapy parameter per Onc discussion ▪ Lesion size not specified by NCCN Soft Tissue Sarcoma of the extremity, superficial trunk, head, and neck FDG-PET/CT ▪ Lesion size not specified by NCCN Soft Tissue Sarcoma: retroperitoneal/intraabdominal/gastrointestinal stromal tumors ▪ NCCN: CT or MRI for retroperitoneal/abdominopelvic sarcoma, desmoid tumor Soft Tissue Sarcoma: retroperitoneal/intraabdominal/gastrointestinal stromal tumors ▪ Lesion size not specified by NCCN **Thyroid Cancer** FDG-PET/CT ▪ Removal of negative antibody parameter (not specified per NCCN) **Uterine Cancer** CT chest, CT abdomen and pelvis ▪ CT Chest, Abdomen and Pelvis: Added for alignment with NCCN (2A) **Suspected or Known Metastases, not otherwise specified** MRI abdomen ▪ Additional coverage for MRI Abdomen in evaluation of hepatic metastatic disease (MRI optimal study) MRI bone or spine ▪ Separate out axial from appendicular indications MRI appendicular skeleton (pelvis, lower or upper extremity) ▪ New criteria for appendicular skeleton FDG-PET/CT ▪ Most indications covered by tumor type indications			

CLARIFICATIONS TO MEDICAL POLICIES

Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Benign Skin Lesions	707	New diagnoses-to-CPT codes edit implementation cancelled. Policy criteria unchanged.	December 1, 2020	Commercial	Dermatology
Laboratory Tests Post Transplant and for Heart Failure	530	Content from policy #723 ST2 Assay for Chronic Heart Failure and Heart Transplant Rejection was merged into this policy. Title changed to Laboratory Tests Post Transplant and for Heart Failure.	December 1, 2020	Commercial	Cardiology
Outpatient Prior Authorization Code List	072	HCPCS code G0277 added. Prior authorization is required for Commercial Managed Care (HMO and POS). G0277 Hyperbaric oxygen under pressure, full body chamber, per 30-minute interval	November 1, 2020	Commercial	Multi-specialty Pulmonology

RETIRED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Magnetoencephalography/Magnetic Source Imaging	137	Policy is retired.	December 1, 2020	Commercial Medicare	Neurology Neurosurgery
Radioimmunoscintigraphy Imaging (Monoclonal Antibody Imaging) With Indium 111 Capromab Pendetide for Prostate Cancer	639	Policy is retired. HCPCS code A9507 added to MP 400 Medical Technology Assessment Noncovered Services A9507 Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries	December 1, 2020	Commercial Medicare	Oncology
ST2 Assay for Chronic Heart Failure and Heart Transplant Rejection	723	Policy is #723 retired. Investigational statements merged into policy #530 Laboratory Tests Post Transplant and for Heart Failure.	December 1, 2020	Commercial Medicare	Cardiology

Revised Pharmacy Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
Spinal Muscular	044	Policy criteria revised; updated to align with Association policy.	April 1, 2021

Atrophy (SMA) Medications			

November 2020

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
None	N/A	N/A	N/A	N/A	N/A

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Ablation of Peripheral Nerves to Treat Pain	794	Cryoneurolysis was added to the investigational statement on occipital neuralgia or cervicogenic headache; other statements unchanged.	February 1, 2021	Commercial Medicare	Neurology
Scenesse (afamelanotide) for Treatment of Erythropoietic Protoporphyria	077	New medically necessary and investigational indications described. Prior authorization is required.	February 1, 2021	Commercial Medicare	Dermatology

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Medical Technology Assessment Investigational (Non-Covered) Services List	400	Code 0421T clarified coverage for Medicare Advantage. Code C2596 clarified coverage for Medicare Advantage. C2596 Probe, image-guided, robotic, waterjet ablation	November 1, 2020	Medicare	Urology
Laparoscopic and Transcervical Techniques for the Myolysis of Uterine Fibroids	244	Policy title clarified. Terminology for transcervical procedure clarified. Policy statements unchanged.	November 1, 2020	Commercial Medicare	Obstetrics Gynecology

RETIRED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions	343	Policy is retired. For coverage information, see Vascular Endothelial Growth Factor (VEGF) Inhibitors Step Therapy #092.	November 1, 2020	Commercial Medicare	Ophthalmology

Intravitreal Angiogenesis Inhibitors for Retinal Vascular Conditions	401	Policy is retired. For coverage information, see Vascular Endothelial Growth Factor (VEGF) Inhibitors Step Therapy #092.	November 1, 2020	Commercial Medicare	Ophthalmology
Multianalyte Assays with Algorithmic Analyses for Predicting Risk of Type 2 Diabetes	654	Policy is retired. CPT code 81506 is addressed in MP 400. 81506: Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	November 1, 2020	Commercial Medicare	Endocrinology
Radioimmunoscintigraphy Imaging and Monoclonal Antibody Imaging Using Technetium-99m Nofetumomab Merpentan (Verluma)	640	Policy is retired.	November 1, 2020	Commercial Medicare	Oncology
Radioimmunoscintigraphy Imaging and Monoclonal Antibody Imaging Using In-111 Satumomab Pendetide (OncoScint) or Tc-99m Arcitumomab IMMU-4, CEA-Scan	638	Policy is retired.	November 1, 2020	Commercial Medicare	Oncology

October 2020

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
None	N/A	N/A	N/A	N/A	N/A

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Prostatic Urethral Lift	744	Repeat procedures added to the investigational policy statement.	January 1, 2021	Commercial Medicare	Urology
Stereotactic (SRS) Radiosurgery and	277	SBRT: New medically necessary indications and	January 1, 2021	Commercial	Hematology Oncology

Stereotactic Body Radiotherapy (SBRT)		criteria described for pancreatic cancer, prostate cancer, spine lesions; primary or metastatic lesions of the spine, and extracranial oligometastatic disease. SRS: New medically necessary indications and criteria described for intracranial lesions, ocular lesions, and other neurologic conditions; trigeminal neuralgia. SRS or SBRT: New medically necessary indications and criteria described for bone metastases. Clinical exception form #922 retired.			

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Medical Technology Assessment Investigational (Non-Covered) Services List	400	Ongoing investigational CPT code 96904 added. Code was transferred from retired policy #519 Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy. Ongoing investigational CPT 82107 added. Code was transferred from retired investigational policy #504 Alpha-Fetoprotein-L3 for Detection of Liver Cancer.	October 1, 2020	Commercial Medicare	Dermatology Oncology

RETIRED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Alpha-Fetoprotein-L3 for Detection of Liver Cancer	504	Investigational policy is retired. Investigational CPT code 82107 added to MP #400 Medical Technology Assessment Investigational (Non-Covered) Services List.	October 1, 2020	Commercial Medicare	Oncology Gastro-enterology
Occlusion of Uterine Arteries Using	242	Policy is retired.	October 1, 2020	Commercial Medicare	Gynecology

Transcatheter Embolization					
Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy	519	Investigational policy is retired. Investigational CPT code 96904 added to MP #400 Medical Technology Assessment Investigational (Non-Covered) Services List.	October 1, 2020	Commercial Medicare	Dermatology Oncology
Transrectal Ultrasound for Staging Rectal Cancer	679	Policy is retired.	October 1, 2020	Commercial Medicare	Oncology Urology
Transrectal Ultrasound of the Prostate	680	Policy is retired.	October 1, 2020	Commercial Medicare	Oncology Urology

September 2020

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
None	N/A	N/A	N/A	N/A	N/A

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Benign Skin Lesions	707	Diagnoses codes list added. New diagnoses-to-CPT codes edit implemented. Policy criteria unchanged.	December 1, 2020	Commercial	Dermatology
Epidural Steroid Injections for Neck and Back Pain	690	Epidural steroid injections are considered investigational in all other situations, including but not limited to treatment of spinal stenosis and nonspecific low back pain. Effective 12.1.20, epidural steroid injections will not be reimbursed for spinal stenosis and low back pain.	December 1, 2020	Commercial	Neurology Neurosurgery
Home Cardiorespiratory Monitoring	224	Policy edited to improve overall readability and increase clarity of the policy statements. New not medically necessary indications described for cardiopulmonary evaluation in lower-risk infants following a brief resolved unexplained	December 1, 2020	Commercial Medicare	Pulmonology

		event (BRUE), which was previously known as an apparent life-threatening event (ALTE).			
Transcatheter Arterial Chemoembolization to Treat Primary or Metastatic Liver Malignancies	634	New investigational indications described for TACE as part of combination therapy (with radiofrequency ablation) for resectable or unresectable hepatocellular carcinoma.	December 1, 2020	Commercial Medicare	Oncology Gastro-enterology

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Cochlear Implant	478	Policy statements clarified to reflect expanded indications in children aged 9 months and older with profound bilateral sensorineural hearing loss.	September 1, 2020	Commercial	Oto-laryngology Pediatrics
Electromagnetic Navigation Bronchoscopy	203	Medically necessary policy statement edited for clarity to separate out indications; statements otherwise unchanged.	September 1, 2020	Commercial Medicare	Pulmonology Oncology

RETIRED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Noncontact Radiant Heat Bandage for the Treatment of Wounds	656	Policy is retired.	September 1, 2020	Commercial	Dermatology

New Pharmacy Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
Medicare Advantage Part B Medical Utilization Management (MED UM)	125	New policy describing medically necessary indications and Part B criteria.	January 1, 2021

Revised Pharmacy Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
Medical Benefit Prior Authorization Medication List and Related Policies	034	Authorization requirements will be added to include prior authorization for Commercial PPO and EPO members.	January 1, 2021

August 2020

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
None	N/A	N/A	N/A	N/A	N/A

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Hematopoietic Cell Transplantation for Hodgkin Lymphoma	207	Policy updated with clinical input. Policy statement on tandem autologous transplant in patients with Hodgkin lymphoma changed from medically necessary to investigational.	November 1, 2020	Commercial	Oncology Hematology
Manipulation under Anesthesia	483	New medically necessary indications added for treatment of Adhesive capsulitis of the shoulder and treatment of stiffness after total knee arthroplasty.	November 1, 2020	Commercial Medicare	Orthopedics Rehabilitation

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems	107	Policy statements on artificial pancreas clarified to lower age cutoff to 6 years.	August 1, 2020	Commercial	Endocrinology Pediatrics
Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease	283	Local Coverage Determination (LCD): MolDX: Biomarkers in Cardiovascular Risk Assessment (L36523)	June 25, 2020	Medicare	Cardiology
Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neuro-logic Disorders	297	Local Coverage Determination (LCD): Transcranial Magnetic Stimulation (L33398)	August 1, 2020	Medicare	Psychiatry

Revised Pharmacy Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
Opioid Medication	102	Policy criteria will be revised.	November 1,

Management			2020
Sexual Dysfunction Diagnosis and Therapy	078	Policy revised to indicate that up to 6 units per 30 days is allowed for generic drug sildenafil. Brand name Viagra remains 4 units per 30 days.	October 1, 2020

July 2020

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
None	N/A	N/A	N/A	N/A	N/A

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Carotid Stent Placement	219	New medically necessary indications described for TCAR when all the policy criteria for Extracranial Carotid Stent Placement are met. Title changed.	October 1, 2020	Commercial	Cardiology
Implantable Cardioverter Defibrillator	070	New medically necessary indications described for patients with cardiac sarcoid with conditions.	October 1, 2020	Commercial	Cardiology
Laparoscopic and Percutaneous Techniques for the Myolysis of Uterine Fibroids	244	New medically necessary indications described for laparoscopic radiofrequency ablation of uterine fibroids based on expert opinion.	October 1, 2020	Commercial Medicare	Obstetrics Gynecology

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
AIM Genetic Testing Management Program CPT and HCPCS Codes	957	The following codes were added: 0172U, 0173U, 0175U, 0177U, 0179U.	July 1, 2020	Commercial	Genetic Testing
Biofeedback for Miscellaneous Indications	187	Not medically necessary statement on individual psychophysiological therapy with biofeedback training transferred from medical policy 423, Outpatient Psychotherapy.	July 1, 2020	Commercial	Multispecialty
Corneal Collagen Cross-linking	905	Medically necessary statement clarified.	July 1, 2020	Commercial	Ophthal-mology
Focal Treatments for Prostate Cancer	733	Local Coverage Determination (LCD): Salvage High-intensity	April 1, 2020	Medicare	Oncology Urology

		Focused Ultrasound (HIFU) Treatment in Prostate Cancer (PCa) (L38262) added.			
Outpatient Psychotherapy	423	Policy statement on biofeedback training transferred to policy 187, Biofeedback for Miscellaneous Indications.	July 1, 2020	Commercial	Psychiatry
Outpatient Prior Authorization Code List	072	J3399: Prior authorization is required effective 7.1.2020.	July 1, 2020	Commercial Medicare	Multispecialty

New Pharmacy Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
Nononcologic Uses of Rituximab	123	New medical policy describing medically necessary indications.	November 1, 2020
Vascular Endothelial Growth Factor (VEGF) Inhibitors Step Therapy	092	New medical policy describing medically necessary indications; biosimilar drugs will be step 1 therapy, other originators will be step 2 therapy.	November 1, 2020

Revised Pharmacy Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
Retail Pharmacy Prior Authorization Policy	049	Prior authorization is required for Targretin Gel.	October 1, 2020

June 2020

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
None	N/A	N/A	N/A	N/A	N/A

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions	120	Policy criteria on high frequency chest compression device revised based on expert opinion. New medically necessary indications added for chronic neuromuscular disorder.	September 1, 2020	Commercial	Pulmonology
Phototherapy: PUVA, UV-B and Targeted Phototherapy	059	Medically necessary and investigational indications described for home narrow band UV-B phototherapy	June 1, 2020	Commercial	Dermatology

		system (handheld units) for moderate-to-severe localized psoriasis. The policy is also clarified stating coverage for either the home UV-B booth or the home narrow band UV-B handheld unit. We will not cover both devices simultaneously.			

Genetic Testing
Effective for dates of service on and after **September 1, 2020** the following updates will apply to the AIM Genetic Testing Clinical Appropriateness Guidelines. You may access and download a copy of the current guidelines here. For questions related to the guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com.

AIM Guideline	Contains updates to the following:	Effective Date	Products Affected	Policy Type
Genetic Testing for Single-Gene and Multifactorial Conditions	▪ Updates were made to text in the Germline Genetic Testing and Multifactorial (Non-Mendelian) Genetic Testing criteria. ▪ Post-transplant rejection monitoring and RNA gene expression profiles information was added to the background.	September 1, 2020	Commercial	Genetic Testing
Genetic Testing for Hereditary Cancer Susceptibility	▪ Multi-Gene Panel Testing criteria was updated by removing MSH3 from the gene list lacking established clinical validity. ▪ Retirement and removal of CHEK2/PALB2 and Prostate Cancer criteria with reliance on Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic guidelines (v1.2020) for determining eligibility for testing.	September 1, 2020	Commercial	Genetic Testing
Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis	No criteria changes	September 1, 2020	Commercial	Genetic Testing
Molecular Testing of Solid and Hematologic Tumors and Malignancies	▪ General coverage criteria for somatic multi-gene panels was updated to include criteria for FDA companion diagnostics. ▪ The following updates were made to Table 1. Solid tumor markers that are medically necessary when general coverage criteria are met: o TP53 was added to genes allowed in molecular studies for Brain/Central Nervous System cancers. o Coverage criteria was clarified for Primary	September 1, 2020	Commercial	Genetic Testing

	Myelofibrosis to allow targeted multi-gene panels when performed on bone marrow. o Coverage criteria was added for Multiple Myeloma to allow chromosomal microarray analysis (CMA) when cytogenetic (karyotype) and/or FISH analysis is uninformative. ▪ Criteria for gene expression classifier testing in breast cancer were updated to include: o Clarification of coverage in males. o An expansion in coverage to include Breast Cancer Index. o An expansion in coverage for Prosigna™ PAM50 and EndoPredict®to include tumor size >0.5 cm to ≤1.0 cm. o An expansion in coverage for Oncotype DX testing to include tumor size >0.5 cm to ≤1.0 cm plus unfavorable histological features, defined as an intermediate or high nuclear and/or histologic grade (Grade 2 or 3), or lymphovascular invasion OR tumor size 1.1-5.0 cm, any grade. ▪ Prostate Cancer (symptomatic cancer screening) criteria was clarified with examples of clinical suspicion of prostate cancer (e.g. abnormal digital rectal exam, prostate specific antigen (PSA) of greater than 3). ▪ Please note for contracting purposes, 0037U (FoundationOne CDx) is now considered medically necessary for certain indications.			
Genetic Testing for Hereditary Cardiac Disease	Criteria was clarified for Non-Covered Tests to include genetic testing for isolated LVNC (left ventricular noncompaction).	September 1, 2020	Commercial	Genetic Testing
Genetic Testing for Pharmacogenomics and Thrombophilia	Criteria was added for CYP2C9 and VKORC1 genotyping in individuals being treated with warfarin.	September 1, 2020	Commercial	Genetic Testing
Genetic Testing for Whole Exome and Whole Genome Sequencing	Whole Exome Sequencing criteria was expanded to include coverage for fetal testing, individuals in the NICU/PICU, and those with hearing loss.	September 1, 2020	Commercial	Genetic Testing

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Artificial Intervertebral Disc: Cervical Spine	585	Terminology clarified from artificial intervertebral disc arthroplasty of the cervical spine to cervical disc arthroplasty.	June 1, 2020	Commercial Medicare	Neurosurgery Orthopedics
Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty	219	Policy clarified to remove duplicate statement on percutaneous intracranial artery stent placement with or without angioplasty. For coverage information, see medical policy #323.	June 1, 2020	Commercial	Neurosurgery
Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy)	797	Policy reactivated. Prior authorization information section clarified. Prior authorization is required through AIM Specialty Health.	June 8, 2020	Commercial	Hematology Oncology
Dry Needling of Myofascial Trigger Points	792	National Coverage Determination (NCD) for Acupuncture for Chronic Lower Back Pain (cLBP) (30.3.3) added. Local Coverage Determination (LCD): Pain Management (L33622) removed.	June 1, 2020	Medicare	Orthopedics
Electrical Bone Growth Stimulation of the Appendicular Skeleton	499	Pseudarthrosis added to the policy; statements otherwise unchanged.	June 1, 2020	Commercial	Orthopedics
Genetic Testing Management Program	954	Updated to include information pertaining to #797 Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy): • BCBSMA policy #797 will be used instead of the AIM guideline on solid and hematologic tumors and malignancies. • Policy #797 is only available on the BCBSMA medical policy website. • Prior authorization is required through AIM Specialty Health.	June 8, 2020	Commercial	Hematology Oncology

Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	247	Policy clarified to include the definition of favorable and unfavorable prognostic factors.	May 13, 2020	Commercial Medicare	Hematology Oncology
Medical Technology Assessment Investigational (Non-Covered) Services List	400	The following codes were added to the non-covered list: ▪ A4639 Replacement pad for infrared heating pad system, each ▪ E0221 Infrared heating pad system. The following narratives were added to the non-covered list: ▪ Skin Contact Monochromatic Infrared Energy (MIRE) ▪ VIVAER Radiofrequency Ablation for Treatment of Nasal Obstruction.	June 1, 2020	Commercial Medicare	Dermatology ENT/Oto-laryngology
Percutaneous Balloon Kyphoplasty, Radiofrequency Kyphoplasty, and Mechanical Vertebral Augmentation	485	Policy statements clarified that the medically necessary statements on compression fractures apply to the thoracolumbar spine. The tradename "Kiva" was removed from policy statements.	June 1, 2020	Commercial	Neurosurgery Orthopedics
Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation	334	Medically necessary policy statement clarified to include non-valvular terminology.	May 1, 2020	Commercial	Cardiology
Sacral Nerve Neuromodulation/ Stimulation	153	Minor edits to the Policy section; statements unchanged.	June 1, 2020	Commercial Medicare	Urology

RETIRED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Skin Contact Monochromatic Infrared Energy (MIRE)	507	Policy is retired. There is no specific code for MIRE. MIRE is added to MP #400 Medical Technology Assessment Investigational (Non-Covered) Services List.	June 1, 2020	Commercial Medicare	Dermatology

May 2020

NEW MEDICAL POLICIES					
New Medical	Policy	Policy Summary	Effective Date	Products	Policy Type

Policy Title	Number			Affected	
None	N/A	N/A	N/A	N/A	N/A

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Drug Testing in Pain Management and Substance Use Disorder Treatment	674	New guidelines added requiring more specific clinical documentation and additional measurement tools.	August 1, 2020	Commercial Medicare	Multispecialty Behavioral Health
Intravitreal and Punctum Corticosteroid Implants	272	Added new policy statements for all 3 new indications: ▪ Medically necessary for Dextenza for individuals with ocular inflammation and pain following ophthalmic surgery. ▪ Investigational for Yutiq for treatment of chronic noninfectious posterior uveitis affecting the posterior segment of the eye ▪ Investigational for prophylactic Ozurdex for individuals with noninfectious intermediate uveitis or posterior uveitis and cataract undergoing cataract surgery. Policy title changed.	August 1, 2020	Commercial Medicare	Ophthalmology
Myocardial Strain Imaging	112	Investigational policy statement added to address cardiotoxicity.	August 1, 2020	Commercial	Cardiology
Retinal Telescreening for Diabetic Retinopathy	065	Investigational statement added on automated image analysis.	August 1, 2020	Commercial	Ophthalmology

Advanced Imaging/Radiology
Effective for dates of service on and after August 16, 2020, the following updates will apply to the AIM Advanced Imaging Clinical Appropriateness Guidelines. You may access and download a copy of the current guidelines here.
For questions related to the guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com.

AIM Guideline	Contains updates to the following:	Effective Date	Products Affected	Policy Type
Chest Imaging	**Tumor or Neoplasm** ▪ Allowed follow up of nodules less than 6 mm in size seen on incomplete thoracic CT, in alignment with follow up recommendations for nodules of	August 16, 2020	Commercial Medicare	Cardiology Pulmonology

	the same size seen on complete thoracic CT ▪ Added new criteria for which follow up is indicated for mediastinal and hilar lymphadenopathy ▪ Separated mediastinal/hilar mass from lymphadenopathy, which now has its own entry **Parenchymal Lung Disease – not otherwise specified** ▪ Removed as it is covered elsewhere in the document (parenchymal disease in Occupational lung diseases and pleural disease in Other thoracic mass lesions) **Interstitial lung disease (ILD), non-occupational including idiopathic pulmonary fibrosis (IPF)** ▪ Defined criteria warranting advanced imaging for both diagnosis and management **Occupational lung disease (Adult only)** ▪ Moved parenchymal component of asbestosis into this indication ▪ Added Berylliosis **Chest Wall and Diaphragmatic Conditions** ▪ Removed screening indication for implant rupture due to lack of evidence indicating that outcomes are improved ▪ Limited evaluation of clinically suspected rupture to patients with silicone implants Code Changes: None			
Oncologic Imaging	**MRI breast** ▪ New indication for BIA-ALCL ▪ New indication for pathologic nipple discharge ▪ Further define the population of patients most likely to benefit from preoperative MRI **Breast cancer screening** ▪ Added new high-risk genetic mutations appropriate for annual breast MRI screening **Lung cancer screening** ▪ Added asbestos-related lung disease as a risk factor Code Changes: None	August 16, 2020	Commercial Medicare	Oncology

Sleep Disorder Management
Effective for dates of service on and after August 16, 2020, the following updates will apply to the AIM Sleep Disorder Management Clinical Appropriateness Guidelines. You may access and download a copy of the current guidelines here. For questions related to the guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com.

AIM Guideline	Contains updates to the following:	Effective Date	Products Affected	Policy Type
Bi-Level Positive Airway Pressure Devices	Change in BPAP FiO2 from 45 to 52 mmHg based on strong evidence and aligns with Medicare requirements for use of BPAP. Code Changes: None	August 16, 2020	Commercial Medicare	Pulmonology
Multiple Sleep Latency Testing and/or Maintenance of Wakefulness Testing	Style change for clarity Code Changes: None	August 16, 2020	Commercial Medicare	Pulmonology

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Assisted Reproductive Services	086	Donor sperm, cryopreservation of sperm or testicular tissue and evaluation requirements clarified: ▪ Added note in donor sperm section clarifying that not all fees associated with donor sperm are covered ▪ Added the word “covered” to cryopreservation of sperm or testicular tissue section ▪ Clarified that Estradiol levels must be equal to or less than 100 in evaluation requirements for IVF procedure.	May 1, 2020	Commercial Medicare	Obstetrics and Gynecology Fertility /Transgender Services
Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems	107	Clarified prior authorization information regarding continuation use for CGM devices. Removed best practices statement. Short term and long term CGM criteria combined.	May 1, 2020	Commercial	Endocrinology
Esketamine Nasal Spray (Spravato) and Intravenous Ketamine for	087	Policy clarified to state that Esketamine nasal spray or Intravenous ketamine must be administered in a provider’s	May 1, 2020	Commercial Medicare	Psychiatry Behavioral Health

Treatment Resistant Depression		office or hospital setting. Formatting and bulletting restructured. HCPCS code J2001 removed. This code is not specific to Ketamine.			
Outpatient Prior Authorization Code List	072	HCPCS code J2001 was removed from policy #087 Esketamine Nasal Spray (Spravato) and Intravenous Ketamine for Treatment Resistant Depression. J2001 is not specific to Ketamine. This code does not require prior authorization.	May 1, 2020	Commercial Medicare	Psychiatry Multispecialty
Preimplantation Genetic Testing	088	Added overview of covered services section to policy. Policy statements unchanged.	May 1, 2020	Commercial Medicare	Obstetrics and Gynecology
Prior Authorization Request Form for Esketamine Nasal Spray and Intravenous Ketamine for Treatment Resistant Depression	094	HCPCS code J2001 removed from MP 087 Esketamine Nasal Spray (Spravato) and Intravenous Ketamine for Treatment Resistant Depression. J2001 is not specific to Ketamine. Initial requests for initial therapy are authorized for up to 28 days. Reauthorization requests for continued therapy are authorized for up to 1 year.	May 1, 2020	Commercial Medicare	Psychiatry Behavioral Health

RETIRED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Transtympanic Micropressure Applications as a Treatment of Meniere Disease	508	Medical policy #508 retired. HCPCS code E2120 is not covered; code added to medical policy #400 Medical Technology Assessment Investigational (Non-Covered) Services List. E2120 Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	May 1, 2020	Commercial Medicare	Oto-laryngology

Revised Pharmacy Policy Title	Policy Number	Policy Change Summary	Effective Date
Antisense	027	Medically necessary criteria on Exondys-51 revised to be in line with	September 1,

Oligonucleotide Medications		Vyondys-53 criteria.	2020
Medicare Advantage Part B Step Therapy	020	The following drugs were added: Beovu, Mvasi, Triluron, Ziextenzo.	September 1, 2020

April 2020

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
None	N/A	N/A	N/A	N/A	N/A

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
None	N/A	N/A	N/A	N/A	N/A

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Esketamine Nasal Spray (Spravato™) and Intravenous Ketamine for Treatment-Resistant Depression	087	Policy implementation date changed from May 1, 2020 to April 1, 2020.	April 1, 2020	Commercial Medicare	Psychiatry
Intravenous Anesthetics for the Treatment of Chronic Pain	291	Investigational statement on Inhaled (Spravato, Ketanest), oral, or intravenous ketamine for the treatment of major depressive disorder (MDD), including treatment resistant depression (TRD) removed. Spravato and Intravenous Ketamine for Treatment Resistant Depression are considered covered services when criteria are met. Title changed. See medical policy #087.	April 1, 2020	Commercial Medicare	Psychiatry
Outpatient Prior Authorization Code List	072	The following bone marrow harvesting codes were removed which means prior authorization is no longer required for: 38205; 38206; 38230; 38232; S2140. The following codes were added and will require prior authorization: G2082, G2083, J2001. Policy #087 Esketamine Nasal Spray	April 1, 2020	Commercial Medicare	Hematology Psychiatry

		(SpravatoTM) and Intravenous Ketamine for Treatment-Resistant Depression.			
Plastic Surgery | Removal of Excess Skin	068	Medically necessary statement on removal of excess skin clarified to include functional impairment, such as significant difficulty with activities of daily living.	March 11, 2020	Commercial Medicare	Plastic Surgery
Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome	130	Local Coverage Determination (LCD): Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38387) added.	April 1, 2020	Medicare	Pulmonology Oto-laryngology
Allogeneic Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias	190	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Allogeneic Hematopoietic Cell transplantation for Myelodysplastic Syndromes and myeloproliferative Neoplasms	155	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for Acute Lymphoblastic Leukemia	076	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for Acute Myeloid Leukemia	150	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for Autoimmune Diseases	192	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia	212	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology

Hematopoietic Cell Transplantation for CNS Embryonal Tumors and Ependymoma	205	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for Hodgkin Lymphoma	207	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas	143	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for Plasma Cell Dyscracias, Including Multiple Myeloma and POEMS Syndrome	075	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for Primary Amyloidosis	181	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation for Solid Tumors of Childhood	208	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Cell Transplantation in the Treatment of Germ Cell Tumors	247	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Stem Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma	074	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology
Hematopoietic Stem-Cell Transplantation for Waldenstrom Macroglobulinemia	322	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology

Placental or Umbilical Cord Blood as a Source of Stem Cells	285	Bone marrow harvesting codes were removed; outpatient prior authorization is not required on harvesting codes.	April 1, 2020	Commercial Medicare	Hematology

RETIRED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Anti-CCP Testing for Rheumatoid Arthritis	142	Policy is retired.	April 1, 2020	Commercial Medicare	Rheumatology

March 2020

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Trigger Point and Tender Point Injections	604	▪ New medical policy describing medically necessary and investigational indications. ▪ No more than 4 injections should be given in a 12-month period.	June 1, 2020	Commercial Medicare	Orthopedics Rehabilitation Rheumatology

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Allogeneic Hematopoietic Cell transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms	155	Policy statement for Reduced-intensity conditioning allo-HCT changed to specify it as a risk-adapted strategy for patients at high-risk of MAC intolerance, which is meant to encompass both older age and medical co-occurring conditions.	June 1, 2020	Commercial	Hematology
Benign Skin Lesions	707	Diagnoses list added. New diagnoses-to-CPT codes edit implemented. Policy criteria unchanged.	June 1, 2020	Commercial	Dermatology
Bone Mineral Density Studies	450	Policy statements revised to add specific information on risk factors and to indicate that more frequent monitoring (1-2 years in asymptomatic individuals and 1-3 years to monitor treatment) may be medically necessary depending on risk factors.	June 1, 2020	Commercial	Endocrinology

		The last investigational statement was separated into two statements for clarity.			
Bone Turnover Markers for the Diagnosis and Management of Osteoporosis and Diseases Associated with High Bone Turnover	549	New investigational indications described.	June 1, 2020	Commercial	Endocrinology
Identification of Microorganisms Using Nucleic Acid Probes	555	New medically necessary and investigational indications described. Nucleic acid testing without quantification of viral load) is **medically necessary** for: ▪ Chlamydia pneumoniae ▪ Bordetella Pertussis ▪ Mumps ▪ Rubeola (measles) ▪ Influenza virus ▪ Zika virus. Nucleic acid testing **respiratory virus panel** (without quantification of viral load) is considered **medically necessary.** Nucleic acid testing panel is **investigational** for: ▪ Central nervous system pathogen panel ▪ Gastrointestinal pathogen panel. Nucleic acid testing using direct or amplified probe technique is **investigational** for: ▪ Gardernella vaginalis.	March 11, 2020	Commercial Medicare	Multispecialty
Transcatheter Aortic Valve Implantation for Aortic Stenosis	392	Medically necessary policy statement related to patients with native valve aortic stenosis changed to add an exclusion for patients with unicuspid or bicuspid aortic valve and to add an inclusion for patients at low risk for open surgery.	June 1, 2020	Commercial	Cardiology

Advanced Imaging/Radiology
Effective for dates of service on and after March 12, 2020, the following update will apply to the AIM Advanced Imaging Clinical Appropriateness Guidelines. You may access and download a copy of the current guidelines here. For questions related to the guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com.

AIM Guideline	Contains updates to the following:	Effective Date	Products Affected	Policy Type
Chest Imaging	**Infectious and Inflammatory Conditions** New indication added: ▪ Person under investigation* for Coronavirus Disease 2019 (COVID-19) pneumonia when reverse transcription polymerase chain reaction (RT-PCR) is negative or cannot be performed * As defined by the Centers for Disease Control (CDC)	March 12, 2020	Commercial Medicare	Pulmonology

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Assisted Reproductive Services	086	Evaluation and donor requirements clarified: ▪ To include 3D ultrasound, and hysterosalpingo contrast sonography (HyCoSy). ▪ Non-smoking members with an initial negative cotinine level test, are not required to have repeat or ongoing cotinine tests. ▪ Frozen embryo transfer for reciprocal IVF is covered if the recipient meets criteria for donor egg/embryo.	March 1, 2020	Commercial Medicare	Obstetrics Gynecology
Reduction Mammaplasty for Breast-Related Symptoms	703	Investigational statements on repeat reduction mammaplasty clarified.	January 30, 2020	Commercial	Plastic Surgery
Sensory Integration Therapy and Auditory Integration Therapy	659	Local Coverage Determination (LCD): Outpatient Physical and Occupational Therapy Services (L33631) and Local Coverage Determination (LCD): Speech-Language Pathology (L33580) for Medicare Advantage were added.	January 1, 2020	Medicare	Rehabilitation Medicine

RETIRED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
None	N/A	N/A	N/A	N/A	N/A

New Medical	Policy	Policy Change Summary	Effective

Policy Title	Number		Date
Medical to Pharmacy Transition Program	071	Implement a policy which describes and includes the current Medical to Pharmacy Transition program.	March 1, 2020
Migraine Step Therapy	012	New step therapy policy describing medically necessary indications.	July 1, 2020
Soliris and ULTOMIRIS Utilization Management	093	New medical policy describing medically necessary indications. Prior authorization is required.	July 1, 2020

February 2020

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Esketamine Nasal Spray (Spravato) and Intravenous Ketamine for Treatment-Resistant Depression	087	New medical policy describing medically necessary and investigational indications.	May 1, 2020	Commercial Medicare	Psychiatry
Radiofrequency Coblation Tenotomy for Musculoskeletal Conditions	080	New medical policy describing investigational indications.	May 1, 2020	Commercial Medicare	Orthopedics
Scenesse for Treatment of Erythropoietic Protoporphyria (EPP)	077	New medical policy describing investigational indications.	May 1, 2020	Commercial Medicare	Dermatology
Zolgensma (onasemnogene abeparvovec-xioi) for Spinal Muscular Atrophy	008	New medical policy describing medically necessary and investigational indications.	February 1, 2020	Commercial Medicare	Neurology Pediatrics

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Balloon Dilation of the Eustachian Tube	018	New medically necessary and investigational indications described.	May 1, 2020	Commercial	Otolaryngology
Dermatologic Applications of Photodynamic Therapy	463	New medically necessary statement for nonhyperkeratotic actinic keratoses of the upper extremities added.	May 1, 2020	Commercial Medicare	Dermatology
Gender Affirming Services (Transgender	189	New policy statement indicating coverage for twelve electrolysis/laser hair removal	May 1, 2020	Commercial Medicare	Plastic Surgery Dermatology

Services)		treatments added.			

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Medical Technology Assessment Noncovered Services List	400	Renuva Allograft Adipose Matrix added to the narrative section.	February 1, 2020	Commercial Medicare	Plastic Surgery Dermatology
Medical Technology Assessment Noncovered Services List	400	ClonoSEQ Minimal Residual Disease Test removed.	January 14, 2020	Commercial	Oncology

RETIRED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Magnetic Resonance Imaging Targeted Biopsy of the Prostate	747	Policy is retired.	February 1, 2020	Commercial Medicare	Urology

JANUARY 2020

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
None	N/A	N/A	N/A	N/A	N/A

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Complementary Medicine	178	Investigational statement on acupuncture was removed.	January 1, 2020	Commercial Medicare	Multi-specialty
Temporomandibular Joint Disorder	035	Investigational statement on acupuncture for treatment of TMJD was removed.	January 1, 2020	Commercial Medicare	Oral and Maxillofacial

Advanced Imaging/Radiology – Vascular Imaging
Effective for dates of service on and after August 16, 2020, the following updates will apply to the AIM Advanced Imaging Clinical Appropriateness Guidelines. You may access and download a copy of the current guidelines here. For questions related to the guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com.

AIM Guideline	Contains updates to the following:	Effective Date	Products Affected	Policy Type
Advanced Vascular Imaging	**Aneurysm of the abdominal aorta or iliac arteries** • Added new indication for asymptomatic enlargement by imaging • Clarified surveillance intervals for	August 16, 2020	Commercial Medicare	Gastro-enterology

	stable aneurysms as follows: • Treated with endografts, annually • Treated with open surgical repair, every 5 years **Stenosis or occlusion of the abdominal aorta or branch vessels, not otherwise specified** • Added surveillance indication and interval for surgical bypass grafts			

Genetic Testing for Hereditary Cancer Susceptibility
Effective for dates of service on and after February 3, 2020, the following updates will apply to the AIM Genetic Testing Clinical Appropriateness Guidelines. You may access and download a copy of the current guidelines here. For questions related to the guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com.

AIM Guideline	Contains updates to the following:	Effective Date	Products Affected	Policy Type
Genetic Testing for Hereditary Cancer Susceptibility	Coverage criteria **expanded** for multi-gene panel testing. • Relevant text was incorporated to account for the added coverage criteria in response to the recent publication of NCCN Genetic/Familial High-Risk Assessment: Breast, Ovarian and Pancreatic. Testing for genes without established clinical validity (e.g. FANCC, MRE11A, RAD50, RECQL4, RINT1, SLX4, XRCC2, GALNT12, SEMA4A, FAN1, MSH3, ENG, XRCC4, BUB1, BUB3, PTPRJ, EX01, PMS1) **is not medically necessary**.	February 3, 2020	Commercial	Hematology Oncology

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Measurement of Serum Antibodies to Selected Biologic Agents	917	Investigational policy statement reworded to include currently FDA-approved TNF blocking agents. Policy title changed to Measurement of Serum Antibodies to Selected Biologic Agents.	January 1, 2020	Commercial Medicare	Gastro-enterology
Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia	451	Pediatric achalasia and policy statement clarified for consistency; intent of statement unchanged.	January 1, 2020	Commercial Medicare	Gastro-enterology
Reconstructive	428	Policy clarified to include that	January 1,	Commercial	Oncology

Breast Surgery/Management of Breast Implants		130 to 150 cc implant equates to a one-cup-size increase.	2020	Medicare	Plastic Surgery

RETIRED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Immunochemical Fecal Occult Blood Testing for colorectal cancer screening	135	Policy is retired.	January 1, 2020	Commercial Medicare	Oncology
Outpatient Electroconvulsive Therapy	319	Policy is retired.	January 1, 2020	Commercial Medicare	Psychiatry

Revised Medical Policy Title	Policy Number	Policy Change Summary	Effective Date
Medical Utilization Management (MED UM) & Pharmacy Prior Authorization Policy	033	Criteria for Neupogen and Neulasta will be updated.	May 1, 2020
Immune Modulating Drugs	004	Biosimilars will be preferred over originator products for both new starts and existing users.	May 1, 2020

DECEMBER 2019

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
None	N/A	N/A	N/A	N/A	N/A

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions	437	New medically necessary indications described based on clinical input and National Comprehensive Cancer Network and American Society for Radiation Oncology guidelines.	March 1, 2020	Commercial	Oncology

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type
Adoptive Immunotherapy	455	Tisagenlecleucel (Kymriah) and axicabtagene ciloleucel (Yescarta) were transferred to new policy #066 Chimeric	December 1, 2019	Commercial Medicare	Hematology

		Antigen Receptor Therapy (CAR T) for Hematologic Malignancies. Policy section clarified: All applications of adoptive immunotherapy evaluated in this policy are considered investigational.			
Chimeric Antigen Receptor Therapy (CAR T) for Hematologic Malignancies	066	New standalone policy created for CAR T. CAR T was transferred from policy 455. Policy statements unchanged.	December 1, 2019	Commercial Medicare	Hematology
Medical Technology Assessment Noncovered Services	400	Ongoing investigational code C8937 added. This code was transferred from retired medical policy #578, Computer-Aided Evaluation as an Adjunct to Magnetic Resonance Imaging of the Breast. C8937 Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	December 1, 2019	Commercial Medicare	Obstetrics Oncology
Intraoperative Neurophysiologic Monitoring Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring	211	Policy clarified to indicate that IONM may be indicated for intracerebral surgical procedures.	December 1, 2019	Commercial	Neurology Neurosurgery

RETIRED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Computer-Aided Evaluation as an Adjunct to Magnetic Resonance Imaging of the Breast	578	Policy is retired.	December 1, 2019	Commercial	Oncology

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