



**Neurology and Neurosurgery
MEDICAL POLICY GROUP**
Co-chairs
Katherine Dallow, MD, MPH • Vice President • Clinical Programs and Strategy
Desiree Otenti, ANP, MPH, Senior Director • Medical Policy Administration

January 26 th 2021	12-2 pm	Conference call only. Please email ebr@bcbsma.com for more information.
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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); Peter Lakin, R.Ph, (Pharmacy Operations); Thomas Kowalski, R.Ph, (Clinical Pharmacy)

Invited Physician Guest(s): Representatives from the Massachusetts Society of Neurology and Neurosurgery

Policies with Upcoming Coverage Updates	
Transcatheter Arterial Chemoembolization to Treat Primary or Metastatic Liver Malignancies (634)	<p>Effective 12/1/2020: New investigational indications described for TACE as part of combination therapy (with radiofrequency ablation) for resectable or unresectable hepatocellular carcinoma.</p>
AIM – Imaging of the Brain	<p>Effective March 14, 2021:</p> <p>Congenital and Developmental Conditions Ataxia, congenital or hereditary</p> <ul style="list-style-type: none"> • Combine with congenital cerebral anomalies to create one section <p>Tumor or Neoplasm Acoustic neuroma (Adult only)</p> <ul style="list-style-type: none"> • 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) <p>Pituitary adenoma</p> <ul style="list-style-type: none"> • Added clarifying definitions for management and surveillance for operational clarity <p>Tumor – not otherwise specified</p> <ul style="list-style-type: none"> • Clarification for benign intracranial cysts • Repurpose for surveillance imaging of low-grade neoplasms • Remove for clinically suspected – see more specific clinical indication <p>Seizure disorder - ADULT</p> <ul style="list-style-type: none"> • Limit imaging for the management of established generalized epilepsy • Combine indications for seizure disorder and seizure refractory into one guideline

	<ul style="list-style-type: none"> Require optimal medical management (aligning adult and pediatric language) prior to imaging for management in epilepsy <p>Signs and Symptoms</p> <p>Dizziness or vertigo</p> <ul style="list-style-type: none"> Clarify “signs or symptoms” of central vertigo <p>Headache</p> <ul style="list-style-type: none"> 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) <p>Mental status change and encephalopathy</p> <ul style="list-style-type: none"> Added requirement for initial clinical and lab evaluation to assess for a more specific cause <p>Tinnitus</p> <ul style="list-style-type: none"> Remove sudden onset symmetric tinnitus as an indication for advanced imaging
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Policies with Coverage Updates in the Past 12 Months	
Intravenous Anesthetics for the Treatment of Chronic Pain and Major Depressive Disorder (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. For coverage information see policy #087. Title Changed. Effective 4/1/2020.
Carotid Stent placement (219)	New medically necessary indications described for TCAR when all the policy criteria for Extracranial Carotid Stent Placement are met. Clarified coding information. Effective 10/1/2020.
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.
Percutaneous Balloon Kyphoplasty, Radiofrequency Kyphoplasty, and Mechanical Vertebral Augmentation (485)	BCBSA National medical policy review. Policy statements clarified that the medically necessary statements on compression fractures apply to the thoracolumbar spine. The tradename "Kiva" was removed from policy statements. 6/2020.
Zolgensma (onasemnogene abeparvovec-xioi) for Spinal Muscular Atrophy (008)	New medical policy describing medically necessary and investigational indications. Effective 2/1/2020.
Intraoperative Neurophysiologic Monitoring Sensory- Evoked Potentials,	Policy clarified to indicate that IONM may be indicated for intracerebral surgical procedures. 12/2019.

Motor-Evoked Potentials, EEG Monitoring (211)	
CNS Stimulants (019)	Updated to remove PA on atomoxetine and Straterra and make Straterra not covered and add Wakix and Sunosi to the policy. 1/2020
Pregabalin (Lyrica® and Lyrica® CR (057))	Updated to include pregabalin into the policy. 10/2019.
Magnetoencephalography / Magnetic Source Imaging 137	Policy Retired effective 12/1/2020.

Policies with No Coverage Updates

1. Ablation Procedures for Peripheral Neuromas ([719](#))
2. Adrenal-to-Brain Transplantation ([627](#))
3. Artificial Intervertebral Disc: Lumbar Spine ([592](#))
4. Artificial Intervertebral Disc: Cervical Spine ([585](#))
5. Automated Percutaneous and Percutaneous Discectomy ([231](#))
6. Automated Point-of Nerve Conduction Tests ([222](#))
7. Autonomic Nervous System Testing ([713](#))
8. Axial Lumbosacral Interbody Fusion (AxiaLIF) ([404](#))
9. Biochemical Markers of Alzheimer's Disease ([581](#))
10. Biofeedback for the Treatment of Headache ([152](#))
11. Bone Morphogenetic Protein ([097](#))
12. Botulinum Toxin Injections ([006](#))
13. Chelation Therapy ([122](#))
14. Cognitive Rehabilitation ([660](#))
15. CT (Computed Tomography) Perfusion Imaging of the brain ([448](#))
16. Decompression of the Intervertebral Disc Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty) ([271](#))
17. Deep Brain Stimulation ([473](#))
18. Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis ([352](#))
19. Dynamic Posturography to Assess Vestibular Dysfunction ([263](#))
20. Dynamic Spinal Visualization and Vertebral Motion Analysis ([195](#))
21. Electromyography and Nerve Conduction Studies ([701](#))
22. Electrical Stimulation for the Treatment of Arthritis ([302](#))
23. Embryonic Mesencephalic Transplantation for the Treatment of Parkinson's Disease ([625](#))
24. Endovascular Procedures (Angioplasty and/or Stenting) for Intracranial Arterial Disease (Atherosclerosis and Aneurysms) ([323](#))
25. Endovascular Therapies for Extracranial Vertebral Artery Disease ([730](#))
26. Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies ([790](#))
27. Intraoperative Neuromonitoring Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring ([211](#))
28. Functional Neuromuscular Electrical Stimulation ([201](#))
29. Hyperbaric Oxygen Pressurization (HBO) ([653](#))
30. Image Guided Minimally Invasive Lumbar Decompression (IG-MLD) for Spinal Stenosis ([240](#))
31. Interferential Stimulation for Treatment of Pain ([509](#))
32. Interferons Alpha and Gamma ([052](#))
33. Interspinous Distraction Devices (Spacers) ([584](#))
34. Interspinous Fixation (Fusion) Devices ([436](#))
35. Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain ([602](#))
36. Intraoperative Radiation Therapy ([278](#))
37. Intravenous Antibiotic Therapy and Associated Diagnostic Testing for Lyme Disease ([171](#))
38. Intravenous Immunoglobulin (IVIg) ([310](#))
39. Lysis of Epidural Adhesions ([598](#))
40. Navigated Transcranial Magnetic Stimulation (nTMS) ([596](#))

41. Neural Therapy ([914](#))
42. Neurofeedback ([515](#))
43. Paraspinal Surface Electromyography (SEMG) to Evaluate and Monitor Back Pain ([517](#))
44. Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy ([172](#))
45. Peripheral Subcutaneous Field Stimulation ([513](#))
46. Quantitative Sensory Testing ([258](#))
47. Responsive Neurostimulation for the Treatment of Refractory Partial Epilepsy ([716](#))
48. Sensory Integration Therapy ([659](#))
49. Serum Biomarker Panel Testing for Systemic Lupus Erythematosus ([702](#))
50. Special Foods: Special Infant Formula, Enteral Formula, Ketogenic Diet for Seizures, and Formula Infusion Pumps ([304](#))
51. Spinal Cord and Dorsal Root Ganglion Stimulation ([472](#))
52. Stereotactic Radiofrequency Pallidotomy for the Treatment of Parkinson's Disease ([626](#))
53. Stereotactic Radiosurgery & Stereotactic Body Radiation Therapy ([277](#))
54. Surgical Deactivation of Migraine Headache Trigger Sites ([801](#))
55. Vagus Nerve Stimulation ([474](#))
56. Vertebral Axial Decompression ([603](#))
57. Whole Body Computed Tomography Scan as a Screening Test ([447](#))

Reference Policies	
Outpatient Prior Authorization Code List (072)	New policy outlining procedure codes that require prior authorization when performed in the outpatient setting.
AIM Specialty Health Guidelines	AIM Specialty Health, Advanced Imaging Radiology – Medical Policy # 968 Brain Imaging CPT, HCPCS and Diagnoses Codes list - Medical Policy # 931 Head and Neck Imaging CPT, HCPCS and Diagnoses Codes list - Medical Policy # 934 Spine Imaging CPT, HCPCS and Diagnoses Codes list - Medical Policy # 935 Vascular Imaging CPT, HCPCS and Diagnoses Codes List - Medical Policy # 936 AIM Genetic Testing Management Program – Medical Policy # 954 AIM Genetic Testing Management Program CPT and HCPCS Codes – Medical Policy # 957

For questions: ebr@bcbsma.com