October 2021 Medical Policy Announcements
Posted: October 2021
New and revised policies: Effective January 2022 (for variable effective dates see table below)
Clarified policies: Posted October 2021 (for variable posted dates see table below)
Retired policies: Effective October 2021

To make it easier for providers to find the new policies and revisions, the Medical Policy Administration department is posting the following searchable lists of new, revised, clarified and retired policies.

The following tables of contents are organized by policy type and alphabetically by policy title. The entries in each table are also color coded to help identify new, revised, clarified and retired policies. Clicking on a title in any of the tables of contents will take you to a summary of the new or revised policy.

A full draft version of each policy is available **only by request, to ordering participating clinician providers, one month prior to the effective date of the policy**. To request draft policies, contact Medical Policy Administration at ebr@bcbsma.com.

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NEW MEDICAL POLICIES:

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REVISED MEDICAL POLICIES:

Advanced Imaging Radiology
Effective for dates of service on and after **November 7, 2021 and March 13, 2022**, 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. **Note***: Updates highlighted in green are effective November 7, 2021. Updates in black are effective March 13, 2022.*

Radiation Oncology
Effective for dates of service on and after **November 7, 2021 and March 13, 2022**, the following updates will apply to the AIM Radiation Oncology 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. **Note***: Updates highlighted in green are effective November 7, 2021. Updates in black are effective March 13, 2022.*

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CLARIFICATIONS TO MEDICAL POLICIES:

NEW MEDICAL POLICIES					
New Medical Policy Title	Policy Number	Policy Summary	Effective Date	Products Affected	Policy Type
Adjunctive Techniques for Screening and Surveillance of Barrett Esophagus and Esophageal Dysplasia	841	New medical policy describing investigational indications.	January 1, 2022	Commercial Medicare	Gastro-enterology

REVISED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Gender Affirming Services (Transgender Services)	189	Policy revised to include new medically necessary statements for vocal cord surgery for transfeminine members. Clarified to indicate chest procedures may be done with or without body contouring. Policy reformatted for clarity.	October 1, 2021	Commercial Medicare	Plastic Surgery
Intravitreal and Punctum Corticosteroid Implants	272	New medically necessary indications described for fluocinolone acetonide intravitreal implant (Yutiq®) for the treatment of chronic noninfectious posterior uveitis affecting the posterior segment of the eye.	January 1, 2022	Commercial Medicare	Ophthalmology
Plastic Surgery	068	Policy updated to include medically necessary language for adolescent and adult intersex members whose anatomy does not conform to typical binary notions of male or female and/or is not congruent with their gender identity.	September 1, 2021	Commercial	Plastic and Reconstruction Surgery

Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers	354	New investigational indications described for use of lymphedema pumps applied to the head and neck to treat lymphedema.	January 1, 2022	Commercial	Oncology

Advanced Imaging Radiology
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AIM Guideline	Contains the following updates	Effective Date	Products Affected	Policy Type

Abdomen and Pelvis Imaging	**<u>Female Reproductive System and Obstetric Indications</u>**
	Uterine leiomyomata (fibroids)
	Advanced imaging is considered medically necessary following nondiagnostic ultrasound for management prior to a fertility-sparing procedure, with the exception of MR-guided focused ultrasound
	Explanation of change
	• Expanded to include other fertility sparing procedures
	• New requirement for nondiagnostic US prior to MRI
	
	<u>Gastrointestinal Indications</u>
	Explanation of change
	• Removed as a standalone indication because advanced imaging is not routinely recommended for imaging suspected intussusception
	
	<u>Hepatobiliary Indications</u>
	Diffuse liver disease
	For hepatocellular cancer screening in high-risk patients, see the Oncologic Imaging guidelines.
	IMAGING STUDY
	CT abdomen for EITHER of the following:
	• Suspected liver disease
	• Iron overload in hemochromatosis when MRI cannot be performed or is nondiagnostic
	• MRI abdomen for evaluation of hemochromatosis
	• MR elastography for diagnosis and management of advanced hepatic fibrosis/cirrhosis
	• Multiparametric MRI (LiverMultiScan) in EITHER of the following scenarios:
	  ○ As an alternative to MR elastography for diagnosis and management of advanced hepatic fibrosis/cirrhosis
	  ○ As an alternative to MRI abdomen for evaluation of hemochromatosis
	Explanation of change
	○ Moved screening for HCC in cirrhosis to Oncologic Imaging guidelines; defined patients in whom advanced imaging is indicated
	○ New indication for LiverMultiScan in patient population for whom MR elastography is appropriate, and for evaluation of hemochromatosis.
	
	<u>Jaundice</u>
	ADULT
		Updates highlighted in green are effective November 7, 2021
		
		Updates in black are effective March 13, 2022
			Commercial Medicare	Radiology Imaging

	Advanced imaging is considered medically necessary for the diagnosis of jaundice when unexplained by liver and biliary function tests. **PEDIATRIC** Advanced imaging is considered medically necessary following nondiagnostic ultrasound, for the diagnosis of jaundice when unexplained by liver and biliary function tests. **Explanation of change** o Requirement for initial evaluation with US in pediatric patients **<u>Osseous Indications</u>** Sacroiliitis, not otherwise specified Advanced imaging is considered medically necessary for diagnosis and management following pelvic or sacral radiographs in EITHER of the following scenarios: o Condition predisposing to sacroiliitis, such as inflammatory bowel disease, psoriasis, or infection, when radiographs are negative or equivocal for sacroiliitis o Radiographs equivocal for sacroiliitis **Explanation of change** Defined patient population in whom advanced imaging is indicated **<u>Pancreatic Indications</u>** Pancreatic mass, indeterminate solid Advanced imaging is considered medically necessary for diagnosis, management, and surveillance. **IMAGING STUDY** • CT abdomen or CT abdomen and pelvis, with pancreatic protocol • MRI abdomen **Explanation of change** • Included CT pelvis as this is sometimes included in pancreatic protocol CT **<u>Pancreatic mass, indeterminate cystic (IPMN/IPMT)</u>** **ADULT** Advanced imaging is considered medically necessary for diagnosis, management, and surveillance in surgical candidates when EUS/FNA has not been performed or is nondiagnostic in ANY of the following scenarios: • Initial evaluation of an indeterminate mass identified on ultrasound • Age 80 or greater at the time of diagnosis: every other year for up to 4 years or every other year if enlarging • Cysts less than 1.5 cm o Age less than 65 at diagnosis: every 12 months for up to 9 years from the time of initial diagnosis o Age 65 to 79 at diagnosis: every 24 months for up to 10 years from the time of initial diagnosis • Cysts 1.5 cm or greater o Every 6-12 months for 2 years then yearly for up to 10 years **PEDIATRIC** Advanced imaging is considered medically necessary for diagnosis, management, and surveillance. **IMAGING STUDY** • CT abdomen or CT abdomen and pelvis • MRI/MRCP abdomen **Explanation of change** • Clarified age criteria and follow up intervals • Added CT pelvis to address pancreatic protocol variations			

Pancreatitis

Advanced imaging is considered medically necessary in EITHER of the following scenarios:

- Evaluation of suspected complications due to acute pancreatitis (see pancreatic pseudocyst)
- Recurrent acute pancreatitis of uncertain etiology, defined as more than 2 attacks of acute pancreatitis without established end-stage chronic pancreatitis

Note: Patients with mild acute or uncomplicated pancreatitis usually do not require cross-sectional imaging, aside from ultrasound for identification of gallstones and/or biliary ductal calculi.

IMAGING STUDY

- CT abdomen or CT abdomen and pelvis

Explanation of change

- Added CT pelvis to allow for venous phase pelvic imaging and/or evaluation of paracolic gutters
- Clarified definition of recurrent acute pancreatitis so that it only excludes end-stage chronic pancreatitis, not all chronic pancreatitis

Renal, Adrenal, and Urinary Tract Indications

Explanation of change

- Removed as CT is generally not indicated unless there is concern for underlying pathology such as mass or hydronephrosis, which are addressed separately within the guidelines.

Hematuria

ADULT

Advanced imaging is considered medically necessary for diagnosis and management in ANY of the following scenarios:

- Traumatic hematuria
- Macroscopic hematuria
- Microscopic hematuria in EITHER of the following scenarios:
    - Symptomatic
    - Asymptomatic in EITHER of the following scenarios:
        - High-risk patients (defined as ANY of the following):
            - Age greater than 59 years
            - More than 30 pack year smoking history
            - More than 25 red blood cells per high powered field (RBC/HPF)
            - History of gross hematuria
        - Low or intermediate risk patients (those not meeting the high-risk criteria above) when ALL of the following criteria are met:
            - Persistent and unexplained following repeat urinalysis
            - Negative renal ultrasound
            - Nondiagnostic cystoscopy

Explanation of change

Modified criteria for asymptomatic microhematuria based on AUA guideline

Polycystic kidney disease

Advanced imaging is considered medically necessary for diagnosis and management following nondiagnostic ultrasound, to evaluate total kidney volume AND to assist in decisions on medical therapy.

Explanation of change

Added language clarifying that advanced imaging should be used to guide treatment changes, given that not all patients undergo medical therapy

Renal masses (includes renal cysts)

For patients with a known primary malignancy, or for renal cancer screening in patients with a genetic predisposition, see the Oncologic imaging guidelines.
See separate indication for Polycystic kidney disease.

ADULT

Advanced imaging is considered medically necessary in patients with a known renal mass and a genetic or medical predisposition to renal cancer or in ANY of the following scenarios:

- Diagnosis and management of an indeterminate renal mass in ANY of the following scenarios:
    - Initial evaluation of an indeterminate mass identified on ultrasound
    - Growth (more than 3 mm per year) over a 5-year period
    - Mass with at least one suspicious feature (ANY of the following):
        - Thick or irregular cyst wall
        - Mural nodule
        - Calcification
        - Greater than 20 HU on a contrast enhanced CT or between 21 and 69 HU on a noncontrast CT
        - Infiltrative or ill defined
- Management of a solid benign renal mass with new or worsening symptoms
- Surveillance
    - Bosniak IIF: 6 months and 12 months after initial diagnosis, then annually until 5 years from the time of initial diagnosis
    - Solid renal mass suspicious for renal cancer or Bosniak III or IV complex cyst: initial at 6-12 months after initial diagnosis, then annually when part of an active surveillance management strategy

Note: Classification is based on the Bosniak criteria prior to the 2019 update.

Explanation of change

- Clarified that this indication includes both cystic and solid masses
- Clarified follow up endpoint for Bosniak IIF
- Removed endpoint for active surveillance

Urinary tract calculi

*Recurrence applies when the patient has a prior history of stones but the prior episode has resolved (either the stone is known to have passed based on clinical follow-up, or prior imaging has shown resolution).

Explanation of change

- Defined difference between management and recurrence – no intended change in coverage
- For post-lithotripsy or ureteroscopic stone removal, deleted requirement that calculi be radiolucent as this requirement is not in AUA guideline

Transplant-related imaging

- Advanced imaging is considered medically necessary in the following scenarios:
- For living donors, a single pre-transplant evaluation

	• For patients on the transplant waiting list for liver transplantation, annual surveillance • Evaluation of suspected post-transplant complications Note: For patients on the transplant list but who have not undergone transplantation and who have a change in clinical condition, please refer to the applicable sign- or symptom-based indication. **IMAGING STUDY** • CT abdomen or CT abdomen/pelvis • MRI abdomen as an alternative to CT abdomen for surveillance in patients on the waiting list for liver transplantation **Explanation of change** New indication for transplant-related imaging			

Brain Imaging	**<u>Congenital and Developmental Conditions</u>**
	Sickle cell disease (pediatric only)
	Advanced imaging is considered medically necessary for periodic screening and surveillance for silent cerebral infarcts in patients with sickle cell disease.
	IMAGING STUDY
	• MRI brain
	Explanation of change
	New indication for infarct evaluation in sickle cell based on AHS guideline
	
	<u>Acoustic neuroma</u>
	Also see indication for hearing loss.
	Also see Head and Neck Imaging guidelines.
	Advanced imaging is considered medically necessary for management of known acoustic neuroma in patients with neurofibromatosis type 2 or in ANY of the following scenarios:
	Management
	• Signs, symptoms or imaging findings suggestive of recurrence or progression
	Surveillance
	• Following conservative treatment (“watch and wait”) or incomplete resection (including proton beam therapy or stereotactic radiosurgery) annually for 5 years
	• Single follow up study following gross total resection within the first year after surgery
	IMAGING STUDY
	• MRI brain
	Explanation of change
	• Removed indication for CT brain; CT temporal bone is preferable to CT brain for this indication and has been added to the Head and Neck guidelines
	• Clarified that the follow up within 12 months of surgery is intended to be a single follow up study
	
	<u>Meningioma</u>
	Advanced imaging is considered medically necessary in EITHER of the following scenarios:
	Management
	• For a patient with known meningioma and new or worsening symptoms
	Surveillance in EITHER of the following scenarios:
	• Every 6 months if ANY of the following are present:
	  ○ Vasogenic edema on prior MRI
	  ○ Interval growth on prior imaging
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	○ Lesion is located in the sphenoid wing, venous sinus, or skull base regions • Every 12 months if none of the above features are present **IMAGING STUDY** • MRI brain • CT brain when MRI cannot be performed **Explanation of change** New guideline delineating follow up interval for meningioma (previously included in "Brain tumor, NOS" **<u>Pituitary adenoma</u>** For management and surveillance, this indication applies to pituitary lesions that have been previously characterized by a dedicated pituitary protocol MRI with one or more findings suggestive of an adenoma. • Advanced imaging is considered medically necessary in ANY of the following scenarios: • Diagnosis of suspected pituitary adenoma when supported by signs or symptoms as well as laboratory findings • Management (including perioperative evaluation) of known adenoma • Surveillance of clinically stable adenoma in EITHER of the following: ○ Unresected ▪ Macroadenoma (size greater than 10 mm) ▪ Microadenoma (size 10 mm or less): Annual surveillance imaging ○ Resected ▪ At least 3 months following resection Note: Surveillance imaging applies to patients who are clinically stable and in whom there is no anticipated change in management. Management applies to patients with new or worsening signs or symptoms, or in whom resection or other change in treatment is planned. **IMAGING STUDY** • MRI brain • CT brain for management or surveillance of microadenoma when MRI cannot be performed or as an alternative to MRI brain for macroadenoma **Explanation of change** • Added detail to distinguish this from incidentaloma • Removed indication for CT when MRI is nondiagnostic in macroadenoma **<u>Pituitary incidentaloma</u>** *Applies to pituitary lesions incidentally discovered on advanced imaging that have not been fully characterized with a dedicated pituitary protocol MRI.* Advanced imaging is considered medically necessary for the diagnosis of an incidentaloma greater than or equal to 5 mm that is not a simple cyst. **IMAGING STUDY** • MRI brain **Explanation of change** • New indication for incidentaloma **<u>Tumor – not otherwise specified</u>** See Oncologic Imaging guidelines for management of an established malignancy			

	Advanced imaging is considered medically necessary for diagnosis, management, and surveillance of tumor when suggested by prior imaging. **IMAGING STUDY** • CT brain • MRI brain Exclusions: In the absence of suspicious features (hemorrhage, contrast enhancement, calcifications), routine surveillance of the following lesions is not indicated: • Arachnoid cyst • Pineal cyst • Lipoma • Epidermoid **Explanation of change** • Added indication for management to address new or worsening signs or symptoms • Excluded specific lesions for which routine surveillance is not indicated **Headache** **Explanation of change** Removed for greater clarity as "associated with the headache" is difficult to operationalize			

Cardiac Imaging	Indications where FFR-CT may be appropriate but is not a required capability of the performing imaging facility
	
	Preoperative evaluation for patients undergoing noncoronary cardiac surgery
	• Patients undergoing evaluation for transcatheter aortic valve implantation/replacement (TAVI or TAVR) at low or intermediate ["or intermediate" removed 3-13-22] risk for CAD (using ASCVD Pooled Cohort Equations) to avoid invasive angiography, where all the necessary preoperative information can be obtained using cardiac CT
	• Patients undergoing evaluation for valve surgery (not including TAVR) at low or intermediate risk for CAD (using ASCVD Pooled Cohort Equations)
	Explanation of change
	Revise criteria for preoperative evaluation of patients undergoing TAVI/TAVR or other cardiac valve
	surgery to include those at low risk for CAD and exclude those at intermediate risk for patients undergoing TAVI/TAVR
	Literature support: Otto CM, Nishimura RA, Bonow RO, et al. 2020 ACC/AHA Guideline for the management of patients with valvular heart disease: A report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Journal of the American College of Cardiology. 2021;77(4):e25-e197
	
	Evaluation of Left Ventricular Function
	• Post-cardiac transplant evaluation when EITHER of the following applies:
	  ○ Evaluation of new or worsening cardiac signs, symptoms or new EKG abnormalities
	  ○ Surveillance of a stable patient (no new or worsening cardiac signs or symptoms) at
	  ANY of the following times:
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	▪ Within the first 6 months post-transplant ▪ 3-month intervals between 6- and 24-months post-transplant ▪ 6-month intervals more than 24 months post-transplant **Explanation of change** Frequency of surveillance echo increased to allow every 6 months in stable patients more than two years post-cardiac transplant based on expert opinion. (Cleveland Clinic)			
Chest Imaging	**Pneumonia** Advanced imaging is considered medically necessary in ANY of the following scenarios: • Radiographs show no improvement following at least 4 weeks of medical treatment • Recurrence of pneumonia in the same location within 6 months • Evaluation of known or suspected complications of pneumonia following nondiagnostic radiographs • Immunosuppressed patients with signs or symptoms of pneumonia **Explanation of change** • Removed indication for diagnosis of COVID-19 due to availability and accuracy of lab testing • Complications of COVID should be addressed via the remaining indications within Pneumonia **Pulmonary nodule or mass** Advanced imaging is considered medically necessary in the following scenarios: Pulmonary nodules detected on lung cancer screening CT • Follow up according to the most current version of Lung-RADS **Calcified nodules detected on a diagnostic chest CT** • Follow up of calcified nodules other than those with benign calcification patterns* is at the discretion of the ordering provider *Benign calcification patterns include granulomas and popcorn calcifications, for which routine follow up is not medically necessary **Noncalcified nodules detected on a diagnostic chest CT** • Younger than age 35 o Nodules ≥ 1 cm or with suspicious morphology (includes nodules with irregular or spiculated margins) • Age 35 or older o Solid nodules: see Table 1 o Subsolid nodules: see Table 2 **Nodules identified on incomplete thoracic CT** • Less than 6 mm: see table 1 or 2 “less than 6 mm” • 6 mm to 8 mm: 3 to 12 month follow up with complete chest CT; subsequent follow up based on characterization of nodule • Greater than 8 mm or suspicious morphology*: complete chest CT with subsequent follow up based on characterization of nodule *Suspicious morphology includes nodules with irregular or spiculated margins **IMAGING STUDY** • CT chest (all indications) • PET, PET-CT when BOTH of the following are criteria are met:	Updates highlighted in green are effective November 7, 2021 Updates in black are effective March 13, 2022		

	○ Nodule is well-demarcated, solid or part solid, and lacks a benign calcification pattern. ○ Size is greater than 8 mm in greatest diameter **Explanation of change** • Clarified language around 18-24 month follow up CT • Removed some constraints around PET/CT for pulmonary nodule follow up (no intended change in coverage; change made for clarity or for difficult to operationalize points) • Separated follow up for nodules detected on lung cancer screening CT to align those with Lung-RADS (minimal change in coverage position) **Interstitial lung disease (ILD), non occupational including idiopathic pulmonary fibrosis (IPF)** In a patient with persistent cough but without other signs or symptoms, please see the Chronic cough indication. Advanced imaging is considered medically necessary in ANY of the following scenarios: Diagnosis when ANY of the following are present: • Persistent breathlessness on exertion • Bilateral inspiratory crackles on physical exam • Clubbing of the fingers • Suggestive of ILD/IPF on other diagnostic tests (chest radiography, pulmonary function) • Additional risk factors (ANY of the following): ○ Connective tissue disease ○ Predisposing drugs ○ Known telomerase mutation ○ Familial ILD/IPF with at least two affected first-degree relatives **Explanation of change** • Removed “persistent cough” here as it is addressed in the “chronic cough” indication. **Transplant-related imaging** Advanced imaging is considered medically necessary in the following scenarios: • Single evaluation prior to lung, liver, kidney, or hematopoietic stem cell transplantation • Evaluation for complications following lung, liver, kidney, or hematopoietic stem cell transplantation Note: For patients on the transplant list but who have not undergone transplantation and who have a change in clinical condition, please refer to the applicable sign- or symptom-based indication. **IMAGING STUDY** • CT chest **Explanation of change** • New indication for imaging related to transplant			
Head and Neck Imaging	**Sinusitis/rhinosinusitis** Screening • A single study is considered medically necessary for evaluation of immunosuppressed patients prior to chemotherapy or bone marrow or stem cell transplant Diagnosis • Complications of sinusitis ○ Orbital	Updates highlighted in green are effective November 7, 2021		

	○ Intracranial ○ Vascular ○ Related to invasive fungal sinusitis • Initial evaluation of acute recurrent rhinosinusitis, chronic rhinosinusitis, or barosinusitis not responsive to at least 3 weeks of acceptable medical therapy including EITHER of the following: ○ trial of nasal saline irrigation and intranasal steroids ○ trial of nasal saline irrigation OR intranasal steroids and at least two other forms of sinonasal medical therapy **Explanation of change** • New screening indication for immunosuppressed patients prior to chemo or transplant (based on Operational input and to comply with NCCN 2A recommendation) **<u>Acoustic neuroma</u>** Also see indication for hearing loss. Also see Brain Imaging guidelines. Advanced imaging is considered medically necessary for management of known acoustic neuroma in patients with neurofibromatosis type 2 or in ANY of the following scenarios: **Management** • Symptoms or imaging findings suggestive of recurrence or progression **Surveillance** • Following conservative treatment ("watch and wait") or incomplete resection (including proton beam therapy or stereotactic radiosurgery) annually for 5 years • Single follow up study following gross total resection within the first year after surgery **IMAGING STUDY** • CT orbit, sella, or posterior fossa and outer, middle, or inner ear when MRI cannot be performed **Explanation of change** • Added indication for CT temporal bone rather than CT brain in patients who cannot have MRI **<u>Parathyroid adenoma</u>** Advanced imaging is considered medically necessary in EITHER of the following scenarios: • To identify an adenoma for surgical planning in patients with ANY of the following: ○ Symptomatic hyperparathyroidism ○ Serum calcium > 1 mg/dL above the normal range ○ Primary hyperparathyroidism and imaging showing osteoporosis, fragility fracture, or vertebral compression fracture ○ Hyperparathyroidism diagnosed at age 50 years or younger ○ Clinical or biochemical evidence consistent with parathyroid cancer ○ Patient unwilling or unable to comply with observation protocols ○ Neurocognitive/neuropsychiatric symptoms due to hyperparathyroidism • Localization of residual parathyroid tissue in patients with recurrent or persistent disease following parathyroidectomy **IMAGING STUDY**	Updates in black are effective March 13, 2022		

	○ CT soft tissue neck when ultrasound and parathyroid scintigraphy are nondiagnostic or normal in patients with high clinical suspicion of a parathyroid adenoma ○ CT soft tissue neck as an alternative to parathyroid SPECT or SPECT-CT when requested by providers experienced in the treatment of parathyroid adenomas **Explanation of change** • Specified scenarios where surgery is recommended based on American Association of Endocrine Surgeons guidelines **<u>Temporomandibular joint dysfunction</u>** Advanced imaging is considered medically necessary for diagnosis or management when BOTH of the following requirements are met: • Mechanical symptoms (such as locking, popping, or clicking) which have not improved with a six-week course of conservative treatment, including nonsteroidal anti-inflammatory drugs or acetaminophen, a short-term trial of soft diet and proper chewing techniques, and an oral appliance (such as a bite block) • Surgical intervention is being considered **Explanation of change** • Specified duration of conservative treatment **<u>Perioperative imaging, not otherwise specified</u>** Includes only indications not listed elsewhere in this guideline document Advanced imaging is considered medically necessary in the following scenario: • For preoperative planning related to orthognathic surgery **IMAGING STUDY** • CT paranasal sinus and maxillofacial area • CT soft tissue neck **Explanation of change** • New preoperative indication to address Operational concerns			
Oncologic Imaging	The following sections include indications for which advanced imaging is considered medically necessary, along with prerequisite information and supporting evidence where available. Indications, diagnoses, or imaging modalities not specifically addressed are considered not medically necessary. Indications are presented in the following sections by tumor type. **Explanation of change** • Addition of standard preamble language present in all AIM guidelines **<u>Colorectal cancer screening</u>** CT colonography (CTC) is indicated in ANY of the following scenarios: • Screening CT colonography is indicated for average risk individuals* as an alternative to conventional colonoscopy at 5-year intervals, beginning at age 45 *Average risk: • No personal history of colonic adenoma, serrated sessile polyp (SSP), or colorectal cancer (CRC) • No personal history of inflammatory bowel disease • Negative first-degree family history for CRC, confirmed advanced adenoma (i.e., high-grade dysplasia, ≥ 1 cm, villous or tubulovillous histology or an advanced SSP) **Explanation of change**	Updates highlighted in green are effective November 7, 2021 Updates in black are effective March 13, 2022		

	Alignment with updated USPSTF recommendation **<u>Pancreatic cancer screening</u>** Annual CT or MRI (preferred) Abdomen is indicated as an alternative to endoscopic ultrasound in ANY of the following scenarios: • Peutz-Jeghers syndrome (LKB1/STK11 mutations), starting at age 40 • Familial Atypical Multiple Melanoma and Mole syndrome (FAMMM; CDKN2A, p16 mutation), starting at age 40 • BRCA1, PALB2, ATM, or MLH1/MSH2/MSH6 (Lynch syndrome) gene mutation and at least one first degree relative (FDR) with pancreatic cancer, starting at age 45 or 10 years earlier than the youngest affected relative • BRCA2 gene mutation with EITHER of the following, starting at age 45 or 10 years earlier than the youngest affected relative: o At least one FDR with pancreatic cancer o At least two blood relatives with pancreatic cancer • FDR and at least one other blood relative with pancreatic cancer, starting at age 50 or 10 years earlier than the youngest affected relative **Explanation of change** • Addition of age threshold specification by scenario from CAPS Consortium • Restructure of indicated scenarios for operational clarification **<u>Hepatocellular carcinoma (HCC) screening</u>** CT or MRI Abdomen is indicated as an alternative to abdominal ultrasound in patients with Hepatitis B or cirrhosis (any etiology) when ultrasound cannot be performed or is nondiagnostic. **Explanation of change** New HCC screening MRI allowance as alternative to AASLD recommended ultrasound screening; CT is restrictive change compared to current Abdominal Imaging indication **<u>Cancer screening, not otherwise specified</u>** CT or MRI is indicated for cancer screening currently categorized as a 2A recommendation from the National Comprehensive Cancer Network (NCCN) **Explanation of change** New section to allow incorporation of evolving NCCN screening recommendations in accordance with AIM adoption framework **<u>Bladder, Renal Pelvis, and Ureter Cancers: Invasive</u>** **FDG-PET/CT** Diagnostic Workup: Indicated in EITHER of the following scenarios: • Evaluation of stage II or stage III bladder cancer prior to definitive treatment when standard imaging cannot be performed or is nondiagnostic for metastatic disease • When bone metastasis is suspected based on signs and symptoms and standard imaging cannot be performed or is nondiagnostic **Explanation of change** PET/CT - NCCN alignment; updated language inclusive of other treatment (including surgery, radiotherapy) **<u>MRI breast</u>** Suspected Cancer:			

	• Lesion characterization when ultrasound and mammography are inconclusive for the presence of breast cancer, and biopsy cannot be performed • Metastatic cancer of unknown primary and suspected to be of breast origin by histology when no mammographic findings of primary breast carcinoma **Explanation of change** • MRI Breast lesion characterization – now requires both mammogram and ultrasound (standard diagnostic workup) • MRI Breast suspected breast primary - aligned with NCCN Occult Primary guideline requiring nondiagnostic mammogram and histopatholgic evidence of breast cancer **FDG-PET/CT** Management: Indicated in ANY of the following scenarios: • Standard imaging cannot be performed or is nondiagnostic for recurrent or progressive disease • Evaluation of elevated LFTs or rising tumor markers when standard imaging has not clearly identified a site of recurrence or progression • Restaging/treatment response when bone is the only site of measurable disease in the chest, abdomen, and pelvis **Explanation of change** • PET clarification: management after negative standard imaging and objective metrics (i.e., nondiagnostic imaging definition) **CT Chest** Surveillance: Indicated annually for Stage II or III colorectal cancer, and every 6-12 months for Stage IV colorectal cancer **Explanation of change** CT Surveillance - NCCN alignment for frequency for stage IV disease (2A recommendation) **CT abdomen and pelvis** Surveillance: Indicated annually for Stage II or III colorectal cancer, and every 6-12 months for Stage IV colorectal cancer **Explanation of change** • CT Surveillance - NCCN alignment for frequency for stage IV disease (2A recommendation) **MRI pelvis** Surveillance: Indicated for rectal cancer treated with transanal local excision alone only **Explanation of change** • MRI Pelvis - NCCN evidence block alignment for surveillance of rectal cancer (2A recommendation) **Esophageal and Gastroesophageal Junction Cancers** **FDG-PET/CT** Management: Indicated in ANY of the following scenarios: • Radiation planning for preoperative or definitive treatment only • Single assessment of response to chemoradiation (as definitive treatment or prior to surgery) when performed at least 5 weeks after completion of therapy • Standard imaging cannot be performed or is nondiagnostic for recurrent or progressive disease **Explanation of change** • PET clarification: Post chemoradiation imaging limited to single treatment response assessment (not ongoing)			

	Hepatobiliary Cancer MRI abdomen with or without MRCP Diagnostic Workup and Diagnosis: Indicated for EITHER of the following scenarios: • Known cirrhosis or hepatitis B, with positive or rising serum alpha fetoprotein (AFP)* • Documented hepatobiliary cancer **Explanation of change** • MRI Abdomen +/- MRCP – NCCN alignment for positive or rising AFP in patients undergoing HCC screening (2A recommendation) **Histiocytic Neoplasms** MRI or CT (any) Diagnostic Workup: Indicated when categorized as 2A recommendation by NCCN Management: Indicated when categorized as 2A recommendation by NCCN Surveillance: Indicated when categorized as 2A recommendation FDG-PET/CT Diagnostic Workup: Indicated in EITHER of the following scenarios: • Patients with LCH and high-risk bone lesions and/or suspected multisystem disease • Patients with ECD or RDD Management: Indicated for ANY of the following scenarios: • Following radiation therapy • Treatment response after 2-3 cycles of systemic therapy and at completion • Treatment response of ECD • After completion of surgical curettage Surveillance: Indicated **Explanation of change** • New NCCN section (2A recommendations) **Lung Cancer – Non-Small Cell** **FDG-PET/CT** Diagnostic Workup: Indicated for evaluation of extent of disease following biopsy confirmation of non-small cell lung cancer if not previously performed Management: Indicated in ANY of the following scenarios: • Radiation planning for preoperative or definitive treatment • Evaluation following induction or neoadjuvant therapy, to determine eligibility for resection • Assessment of response to definitive chemoradiation when performed at least 12 weeks following therapy • Standard imaging cannot be performed or is nondiagnostic for recurrent or progressive disease **Explanation of change** • PET for pulmonary nodule/mass characterization moved to Chest Imaging guideline • PET management: Language standardization for nondiagnostic imaging; combined with redundant scenario below reflecting “nondiagnostic CT” **Lymphoma – Hodgkin** **CT neck, CT chest, CT abdomen and pelvis** Surveillance: Indicated, not to exceed 2 years following completion of treatment **Explanation of change**			

	• CT surveillance - NCCN evidence block alignment (CT neck, chest, abdomen/pelvis w/ contrast no more than q 6 months for the first 2 years following completion of therapy, or as clinically indicated, 2A) **<u>FDG-PET/CT</u>** Management: Indicated in ANY of the following scenarios: • Radiation planning for definitive or consolidative treatment • Evaluation of response following 2-4 cycles of treatment • Baseline post-treatment evaluation at least 3 weeks following completion of all cycles of chemotherapy or 12 weeks following completion of radiation therapy • Single follow up when first post-treatment baseline PET showed Deauville 4 or 5 findings* • Clinical suspicion for recurrence or progression of disease based on standard imaging or objective signs/symptoms **Explanation of change** PET management: Specification of single follow-up after baseline post-treatment PET **<u>Lymphoma – Non-Hodgkin and Leukemia</u>** **Acute Leukemia** **FDG-PET/CT** Management: Indicated in ANY of the following scenarios: • Relapsed or refractory extramedullary disease • Treatment response of ALL with lymphomatous extramedullary disease • When standard imaging cannot be performed or is nondiagnostic **Explanation of change** • Acute leukemia: Addition of new scenario for ALL post-treatment induction, NCCN alignment (category 2A recommendation) **<u>Lymphoma – Non-Hodgkin: Intermediate and high grade non-Hodgkin lymphoma</u>** Includes Castleman Disease, Post-Transplant Lymphoproliferative Disorders **Explanation of change** • Lymphoma – Non-Hodgkin: Intermediate and high-grade non-Hodgkin lymphoma: Addition of included subtypes (NCCN classification) **<u>Melanoma</u>** CT neck, CT chest, CT abdomen and pelvis Surveillance: Indicated for stage IIB or higher **Explanation of change** • CT surveillance - NCCN alignment (stage 0-IIA: routine imaging not recommended to screen for asymptomatic recurrence, category 2A) **<u>Neuroendocrine Tumors</u>** **Well-differentiated neuroendocrine tumor** Somatostatin receptor-based imaging* *Somatostatin receptor-based imaging includes PET with 68Ga dotatate or 64Cu dotatate radiotracers. **Explanation of change** • Updated somatostatin receptor-based imaging notation to include 64Cu dotatate as option. **<u>Poorly-differentiated neuroendocrine tumor</u>** **FDG-PET/CT**			

Management: Indicated to assess treatment response when PET used for initial staging **Explanation of change**

- NCCN does not address PET/CT for management

Prostate Cancer Current Guideline

MRI pelvis including multiparametric technique

Diagnostic Workup and Diagnosis: Indicated in ANY of the following scenarios:

- Persistent and unexplained elevation in PSA levels* or very suspicious DRE
- Initial staging of intermediate or high-risk prostate cancer
- Risk-stratification of low-risk cancer for potential active surveillance

Explanation of change

- Language/scenario clarifications (no clinical intent change)

68Ga Prostate-specific membrane antigen (PSMA) PET/CT or 18F-DCFPyL (piflufolastat or Pylarify) PET/CT

Diagnostic Workup and Diagnosis: Not indicated

Management: Indicated when ALL of the following criteria are met:

- Original clinical stage T1-T3 and NX or N0 treated with prostatectomy and/or radiation therapy, with biochemically recurrent/persistent disease1
- Results of conventional imaging2 performed within the past 60 days are negative for metastasis
- Patient is a candidate for curative intent salvage therapy3
- PSA level is > 1 ng/ml or PSA is rising
- PET/CT has not been performed within the past 3 months

Surveillance: Not indicated

Explanation of change

- Addition of new prostate-specific membrane antigen (PSMA) PET/CT scenarios

Sarcoma of Bone and Soft Tissue

Soft Tissue Sarcoma

FDG-PET/CT

Diagnostic Workup: Indicated in ANY of the following scenarios (excluding desmoid tumors):

- Standard imaging cannot be performed or is nondiagnostic for metastatic disease
- Standard imaging suggests a resectable solitary metastasis
- Baseline study prior to neoadjuvant chemotherapy
- Initial staging for rhabdomyosarcoma

Explanation of change

- Addition of initial staging for rhabomysarcoma scenario in NCCN alignment: "…May be useful for initial staging because of the possibility of nodal metastases and the appearance of unusual sites of initial metastatic disease in adult patients." (2A rec)
- Exclusion for desmoid tumors (not addressed by NCCN)

Gastrointestinal stromal tumors (GIST)

FDG-PET/CT

Management: Indicated in EITHER of the following scenarios:

- Assess treatment response following completion of neoadjuvant chemotherapy
- Standard imaging cannot be performed or is nondiagnostic for recurrent or progressive disease

Explanation of change

	• Addition of management scenario in alignment with NCCN (use of PET for ambiguous standard imaging findings) **<u>Testicular Cancer</u>** **FDG-PET/CT** Management: Indicated in EITHER of the following scenarios: • Standard imaging cannot be performed or is nondiagnostic for recurrent or progressive disease • Residual mass greater than 3 cm and normal tumor markers after completion of chemotherapy **Explanation of change** • NCCN PET alignment for Residual mass (> 3 cm) and normal serum AFP and beta-hCG specifically post-chemotherapy (2A recommendation) **<u>Thyroid Cancer</u>** Current Guideline MRI chest Diagnostic Workup: Indicated (note: for fixed, bulky, or substernal lesions) Management: Indicated when used in place of CT for initial treatment strategy Screening & Surveillance: Not indicated **Explanation of change** NCCN alignment (not addressed) **<u>Suspected or Known Metastases, not otherwise specified</u>** **MRI appendicular skeleton (pelvis, lower or upper extremity)** Diagnostic Workup: Indicated for ANY of the following: • Evaluation of suspected or known bony pelvic metastases • Evaluation of suspected proximal lower/upper extremity metastasis • Evaluation of suspected distal upper/lower metastasis when radiographs are nondiagnostic Management: Indicated for EITHER of the following: • Evaluation of suspected or known bony pelvic metastases **Explanation of change** • Addition of “proximal” limb scenario (prior content gap) • Removal of “suspected” indications from Management (operationally redundant)			

Radiation Oncology
Effective for dates of service on and after November 7, 2021 and March 13, 2022, the following updates will apply to the AIM Radiation Oncology 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. **Note*:*** *Updates highlighted in green are effective November 7, 2021. Updates in black are effective March 13, 2022.*

AIM Guideline	Contains the following updates	Effective Date	Products Affected	Policy Type
Radiation Oncology	**<u>ECOG status</u>** Fractionated radiotherapy, 2 to 10 fractions, is only appropriate in individuals who meet ANY the following criteria: • Pathologic fracture • Soft tissue involvement by tumor • Spinal cord compression • Spine metastasis	Updates highlighted in green are effective November 7, 2021	Commercial Medicare	Oncology

	• Presence of oligometastatic disease (1-5 lesions) when the goal of treatment is long term stabilization of disease **Explanation of change** Removed ECOG performance status from AIM radiation therapy guidelines **<u>Breast cancer – IMRT, SBRT</u>** Intensity Modulated Radiation Therapy (IMRT) is appropriate for breast cancer when ANY one of the following conditions are met: • For individuals with left-sided breast lesions where the risk of cardiac exposure would be excessive with 3D conformal treatment and when ALL of the following are met: ○ 3D planning has been done, with appropriate techniques to limit toxicity ○ Despite the use of all appropriate techniques, the dose-volume constraints would lead to unacceptable risk of cardiac toxicity (EITHER constraint below is exceeded): ▪ More than 10% of the heart would receive 25 Gy or more (V25 > 10%) ▪ More than 10% of the left anterior descending (LAD) artery would receive 15 Gy (V15 > 10%) ○ IMRT plan demonstrates improvement to tissue exposure to within safe ranges • For individuals who will receive internal mammary node irradiation based on ANY one of the following: ○ Pathologically enlarged (as reported based on imaging technique utilized) internal mammary lymph node(s) by CT, MRI, PET/CT, or CXR ○ Pathologically involved internal mammary lymph node(s) (based on aspiration cytology or tissue biopsy pathology) ○ For individuals at high risk of internal mammary lymph node involvement based on ANY one of the following: ▪ Four or more positive axillary lymph nodes ▪ Medial quadrant tumor with at least one positive axillary lymph node ▪ Medial quadrant T3 tumor • For individuals where the 3D conformal plan results in hot spots (> 2 cm3) receiving more than to 110% of the prescription dose despite the use of forward planned field-in-field blocking and/or mixed beam energy (6 MV and 10 MV/15 MV) • For individuals being treated with accelerated partial breast irradiation (APBI) • To treat a previously irradiated field Note: “Forward planning IMRT” is a term used to describe field-in-field 3D conformal radiation therapy and should not be reviewed under IMRT constraints **Explanation of change** Added CAD V15. Added indication for APBI **<u>Stereotactic Radiosurgery (SRS) or Stereotactic Body Radiation Therapy (SBRT) is appropriate for breast cancer when the following condition is met:</u>** • To treat a previously irradiated field Note: Five fraction APBI regimens should not be billed as SBRT as this is not an ablative dose and similar dose fractionation schedules can be safely delivered to the whole breast. **Explanation of change**	Updates in black are effective March 13, 2022		

New indication for SRS/SBRT to treat a previously irradiated field. Added Note that 6 Gy x 5 is not SBRT.

Brain metastases – SBRT

Stereotactic Radiosurgery (SRS/SBRT) is appropriate for metastatic brain lesions when EITHER of the following conditions is met:

- There are 5 or fewer brain metastases
- To treat a previously irradiated field

Note: Treatment of multiple lesions with SRS on different days within the same course of therapy should be billed as SBRT with a maximum of 5 units.

Explanation of change

- Added 5 lesions or less since ECOG was removed. Clarification that intent is to include fractionated treatment as well.
- Added Note based on ASTRO coding guidance.

Lung cancer – IMRT

Non-Small Cell Lung Cancer

Intensity Modulated Radiation Therapy (IMRT) is appropriate for non-small cell lung cancer when ANY of the following conditions are met:

- For adjuvant or definitive treatment of stage I and II disease in the curative setting
    - When a 3D plan has been performed and dose-volume constraints would lead to unacceptable risk for normal lung tissue toxicity such that (all must apply)
        - V20 exceeds 30% with 3D conformal plan (the percent of normal tissues receiving 20 Gy or more accounts for more than 30% of normal lung)
        - The comparison of the 3D conformal plan and the IMRT plan demonstrates that the IMRT plan will reduce the V20 by 10% as compared to the 3D conformal plan
        - V5 would be less than 65% (the percent of normal tissues receiving 5 Gy or more accounts for less than 65% of normal lung) with IMRT
        - Tumor motion has been accounted for during planning
    - When a 3D plan has been performed and dose-volume constraints would lead to unacceptable risk of cardiac toxicity (any constraint below is exceeded)
        - More than 50% of the heart receives 30 Gy (V30 > 50%)
        - More than 35% of the heart receives 45 Gy (V45 > 35%)
        - More than 25% of the heart receives 50 Gy (V50 > 25%)
        - More than 10% of the left anterior descending artery (LAD) receives 15 Gy (V15 > 10%)
- For adjuvant or definitive treatment of stage III disease in the curative setting
- To treat a previously irradiated field

Explanation of change

Added CAD V15.

Reference: Atkins KM, Chaunzwa TL, Lamba N, et al. Association of Left Anterior Descending Coronary Artery Radiation Dose with Major Adverse Cardiac Events and Mortality in Patients with Non-Small Cell Lung Cancer**.** JAMA Oncol. 2021 Feb 1;7(2):206-219. PMID: 33331883; PMCID: PMC7747040.

Small Cell Lung Cancer

Intensity Modulated Radiation Therapy (IMRT) is appropriate for small cell lung cancer when ANY of the following conditions are met:

- For definitive treatment in the curative setting
  - When a 3D plan has been performed and dose-volume constraints would lead to unacceptable risk for normal lung tissue toxicity such that (all must apply)
    - V20 exceeds 30% with 3D conformal plan (the percent of normal tissues receiving 20 Gy or more accounts for more than 30% of normal lung)
    - The comparison of the 3D conformal plan and the IMRT plan demonstrates that the IMRT plan will reduce the V20 by 10% as compared to the 3D conformal plan
    - V5 would be less than 65% (the percent of normal tissues receiving 5 Gy or more accounts for less than 65% of normal lung) with IMRT
    - Tumor motion has been accounted for during planning
  - When a 3D plan has been performed and dose-volume constraints would lead to unacceptable risk of cardiac toxicity (any constraint below is exceeded)
    - More than 50% of the heart receives 30 Gy (V30 > 50%)
    - More than 35% of the heart receives 45 Gy (V45 > 35%)
    - More than 25% of the heart receives 50 Gy (V50 > 25%)
    - More than 10% of the left anterior descending artery (LAD) receives 15 Gy (V15 > 10%)
- To treat a previously irradiated field

Explanation of change

Added CAD V15.

Reference: Atkins KM, Chaunzwa TL, Lamba N, et al. Association of Left Anterior Descending Coronary Artery Radiation Dose with Major Adverse Cardiac Events and Mortality in Patients with Non-Small Cell Lung Cancer. JAMA Oncol. 2021 Feb 1;7(2):206-219. PMID: 33331883; PMCID: PMC7747040.

Prostate cancer – IMRT, SBRT, Brachytherapy, Exclusions

Low risk of recurrence

Intensity Modulated Radiation Therapy (IMRT) is appropriate for prostate cancer **when EITHER of the following conditions is met:**

- As primary treatment
- To treat a previously irradiated field

Stereotactic Body Radiation Therapy (SBRT) is appropriate for prostate cancer **when EITHER of the following conditions is met:**

- As primary treatment
- To treat a previously irradiated field

Brachytherapy is appropriate as monotherapy for low risk prostate cancer. The following is appropriate:

- Low dose rate (LDR) brachytherapy

Note: Active surveillance is a reasonable alternative to radiation treatment in individuals with low risk prostate cancer.

Explanation of change

No change in intent but this question of anticipated survival is not practical when asking the office staff.

	Intermediate risk of recurrence Intensity Modulated Radiation Therapy (IMRT) is appropriate for prostate cancer **when EITHER of the following conditions is met:** • As primary treatment or in combination with brachytherapy • To treat a previously irradiated field Stereotactic Body Radiation Therapy (SBRT) is appropriate for prostate cancer **when EITHER of the following conditions is met:** • As primary treatment • To treat a previously irradiated field Brachytherapy is appropriate as either monotherapy or as a boost in combination with external beam radiotherapy. **EITHER of the following is appropriate:** • Low dose rate (LDR) brachytherapy used as monotherapy or boost • High dose rate (HDR) brachytherapy used as boost only **Explanation of change** No change in intent but this question of anticipated survival is not practical when asking the office staff. **High risk of recurrence** Intensity Modulated Radiation Therapy (IMRT) is appropriate for prostate cancer **when EITHER of the following conditions is met:** • As primary treatment or in combination with brachytherapy • To treat a previously irradiated field Stereotactic Body Radiation Therapy (SBRT) is appropriate for prostate cancer when the following condition is met: • Only to treat a previously irradiated field Brachytherapy is appropriate for prostate cancer when used in combination with external beam radiotherapy. **EITHER of the following is appropriate:** • Low dose rate (LDR) brachytherapy • High dose rate (HDR) brachytherapy **Explanation of change** • No change in intent. **Hydrogel spacer** Removed Exclusions: hydrogel spacer Moved to separate document **Explanation of change** Moved hydrogel spacer content (CPT code 55874) from prostate cancer exclusions to a separate guideline document with new criteria and references. **Proton Beam Therapy** Discussion revised for Breast Cancer, CNS Lesions, Head and Neck Cancer, Hepatocellular Cancer, and GI Cancers Clinical Indications: No changes **Explanation of change** • Revised proton beam therapy considerations with discussion of recent clinical studies of treatments for breast cancer, CNS lesions, head and neck cancer, hepatocellular cancer, and other GI cancers. Added references. • No change to clinical indications			

CLARIFICATIONS TO MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Posted Date	Products Affected	Policy Type

Balloon Sinuplasty for Treatment of Chronic Sinusitis	582	Policy criteria clarified to align with the IFAR International Forum of Allergy & Rhinology (IFAR) and European Position (EPOS) guidelines for chronic rhinosinusitis.	October 1, 2021	Commercial Medicare	Oto-laryngology
Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies	790	Clarification added that requests for liquid biopsy should be made through AIM Specialty Health Genetic Testing Management Program.	October 1, 2021	Commercial Medicare	Oncology Hematology Genetic Testing
Medical Technology Assessment Investigational (Non-Covered) Services List Medical Technology Assessment Investigational (Non-Covered) Services List	400	Ongoing investigational CPT codes 81535 and 81536 added. Codes were transferred from retired policy #253 In Vitro Chemoresistance and Chemosensitivity Assays.	October 1, 2021	Commercial Medicare	Oncology Hematology Gynecology
		Electrical Stimulation neoGEN-Series® System for chronic pain, long-term (intractable) pain and drug-resistant pain added under the narrative section.	September 15, 2021	Commercial Medicare	Rehabilitation Medicine
Total Artificial Hearts and Implantable Ventricular Assist Devices	280	Policy statement revised to remove outdated eligibility criteria, but intent unchanged.	October 1, 2021	Commercial	Cardiology Thoracic Surgery

RETIRED MEDICAL POLICIES					
Medical Policy Title	Policy Number	Policy Change Summary	Effective Date	Products Affected	Policy Type
Cellular Immunotherapy for Prostate Cancer	268	Policy is retired. This drug is managed by AIM Specialty Health. See pharmacy medical policy #099 AIM Oncology Medication Management Program.pdf	October 1, 2021	Commercial Medicare	Oncology
In Vitro Chemoresistance and Chemosensitivity Assays	253	Investigational policy is retired. Ongoing investigational CPT codes 81535 – 81536 added to MP 400 Medical Technology Assessment Investigational (Non-Covered) Services List.	October 1, 2021	Commercial Medicare	Oncology Hematology Gynecology

NEW PHARMACY MEDICAL POLICIES			
Medical Policy Title	Policy Number	Policy Change Summary	Effective date

Injectable Methotrexate (Otrexup® & Rasuvo®)	840	New pharmacy policy describing medically necessary indications.	January 1, 2022
Multiple Sclerosis Step Therapy	839	New pharmacy policy describing medically necessary indications.	January 1, 2022

<table>
<tr><th colspan="4">REVISED PHARMACY MEDICAL POLICIES</th></tr>
<tr><th>Medical Policy Title</th><th>Policy Number</th><th>Policy Change Summary</th><th>Effective date</th></tr>
<tr><td>Medicare Advantage Part B Utilization Management</td><td>125</td><td>The following therapeutic classes or names of drugs will be added to the existing policy:

<table><tr><th>Therapeutic class or name of medication</th><th>Code</th></tr><tr><td>Immuneglobulins</td><td>J0840, J0850, J1459, J1460, J1555, J1556, J1557, J1558, J1559, J1560, J1561, J1562, J1566, J1568, J1569, J1571, J1572, J1573, J1575, J1599, J1670, J2791</td></tr><tr><td>Entyvio</td><td>J3380</td></tr><tr><td>Nplate</td><td>J2796</td></tr><tr><td>Orencia</td><td>J0129</td></tr><tr><td>Simponi</td><td>J1602</td></tr><tr><td>Stelara</td><td>J3357, J3358</td></tr><tr><td>Tyvaso</td><td>J7686</td></tr></table></td><td>January 1, 2022</td></tr>
<tr><td>Medicare Advantage Part B Step Therapy</td><td>020</td><td>▪ Euflexxa will move to Step 1
▪ Hymovis and Hyalgan will be a Step 2.</td><td>January 1, 2022</td></tr>
</table>

New 2021 Category III CPT Codes
All category III CPT Codes, including new 2021 codes, are **non-covered** unless they are explicitly described as "medically necessary" in a BCBSMA medical policy. To search for a particular code, click the following link: https://www.bluecrossma.com/common/en_US/medical_policies/medcat.htm and type the code in the search box on the page. Consult the coverage statement of any associated medical policy. ***If there is no associated policy, the code is non-covered*.**