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Policy Notice for Our Network Providers

June 1, 2023

Our health plan has just approved the **medical policies** and **medical benefit drug policies** outlined in this notification. Please share this information with those in your organization who may be affected by these updates.

Information in this notification is applicable to all of our health plan's products, unless otherwise specified in the policy.

Also, this notice features important information on policy changes in alignment with our partner Medica, updated code edits changes for claims processing, and news about Medicare medical record reviews.

Policy Alignment Changes Currently Underway

As we prepare to move to a new claims processing system next year, we're aligning medical policies and medical benefit drug policies with our partner Medica. These updates, and others, will be communicated in these monthly notices, in the quarterly provider newsletters, and will be available online. A number of policies that have historically required prior authorization will be updated to no longer require prior authorization. Although prior authorization will no longer be required for these specific services, claims will still need to be coded correctly and services will still need to be medically necessary based on coverage criteria. Claims may be denied if this information is not provided or accurate.

As a reminder, if an authorization request is submitted when prior authorization is not required, a "Cancelled" determination status is applied to the request and returned to the submitting provider. See the **Attachment to Policy Update, March 31, 2023,** on how to avoid cancelled authorization requests.

Code Edits for Claims Processing

Effective July 23, 2023, we will be updating code edits in our claims processing system. These edits align with Centers for Medicare and Medicaid Services (CMS) and/or International Classification of Diseases (ICD) guidelines.

Effective for dates of process on and after July 23, 2023, the following edits will apply to claims for all products:

- Services will be denied as incorrectly coded when a secondary diagnosis code is used as the principal or primary diagnosis, in alignment with ICD guidelines which stipulate that a secondary diagnosis code can only be used as a secondary diagnosis.
- Services will be denied when the principal diagnosis is on the Outpatient Prospective Payment System (OPPS) as an unacceptable principal diagnosis list.

Effective for dates of process on and after July 23, 2023, the following edits will apply to Medicare Advantage claims:

- Line items on claims with revenue codes that are not recognized by CMS when billed with Bill Types 0120-012Z, 0130-013Z or 0140-014Z will be denied, in alignment with OPPS.
- Claims with revenue codes that are not recognized by CMS will be denied.
- Claims with outpatient cardiac rehabilitation codes 93797-93798 or intensive cardiac rehabilitation codes G0422-G0423 will be denied when billed without a covered diagnosis on the claim.
- Claims with code K0606 (External defibrillator), E0747-E0748, or E0760 (Osteogenesis stimulator) will be denied when billed without modifier KF.
- Claims for surgical dressings billed without modifiers A1-A9 or GY will be denied when billed by a durable medical equipment (DME) provider.

Annual Medical Records Review for Medicare

Each year, CMS requires that health plans validate the diagnosis codes that are submitted for payment, through claims, by conducting a medical record review for documentation that supports these codes. In July 2023, we will begin conducting our annual Medicare chart review, which focuses on 2022 dates of service for our Medicare plan members. This effort, which must be completed by December 2023, is administered on our behalf by Optum and CiOX Health.

CiOX Health notifies provider offices when records are needed, providing a list of requested Medicare members' medical records as well as remote retrieval options that are available. We appreciate providers' prompt assistance with this annual project for CMS.

Medical Policy Updates

See our online **Document Library** for current medical policies and those with future effective dates. To verify when a policy is or will be in effect, please refer to the effective date listed at the end of each policy.

Medical Policies – Retired

Effective July 1, 2023:

- **Traction for Cervical Pain, Home Use** (MP9302)
- **Cranial Orthotic for Plagiocephaly** (MP9495)

Effective September 1, 2023:

- **Engineered Products for Wound Healing** (MP9287) — Policy replaced by **Skin and Soft Tissue-Engineered Substitutes for Wound and Surgical Care** (MP9655)

Medical Policies – Prior Authorization Removed

Effective September 1, 2023:

- **Treatment of Obstructive Sleep Apnea and Related Conditions** (MP9239)

Procedures and Devices – Experimental and Investigational (Non-covered)

Effective June 1, 2023:

- **Non-covered Medical Procedures and Services** (MP9415) — Considered experimental and investigational, and therefore not covered for all of the following:

- Arthroscopy, shoulder with implantation of subacromial spacer (e.g., Inspace biodegradable spacer) for the treatment of rotator cuff tears and all other indications
- Implanted peripheral nerve stimulator (e.g., Stimwave, StimRouter) for the treatment of pain and all other indications
- Motion-preserving interspinous interlaminar decompression/stabilization distraction devices (e.g., XStop, Coflex, DIAM, Wallis) for all indications
- Nasal implants absorbable (e.g., Latera) for the treatment of nasal valve collapse and all other indications

Effective September 1, 2023:

- **Non-covered Medical Procedures and Services** (MP9415) — Considered experimental and investigational, and therefore not covered for all of the following:
  - Thermography for all indications
  - Nebulized intranasal antibiotics/antifungals for sinusitis and all other indications
  - Radiofrequency bladder neck suspension, or transuretheral radiofrequency micro-remodeling for stress incontinence in women and all other indications
  - Upright magnetic resonance imaging (standing/seated/weight bearing/positional) for all indications

New Medical Policies

Services listed for policies in this section may be covered (considered medically necessary) or non-covered (considered experimental and investigational).

Effective September 1, 2023:

- **Intraoperative Neurophysiological Monitoring (IONM)** (MP9577) — IONM performed by the attending surgeon or anesthesiologist is considered integral to the primary procedure and not separately reimbursable. It's medically necessary for procedures which pose a significant risk of damage to a cranial nerve, spinal cord, or to an essential central nervous system structure compromising neurologic function. Prior authorization is not required.
- **Mechanized Spinal Decompression Tables for Low Back Pain** (MP9644) — Experimental and investigational, and therefore not covered.
- **Powered-Robotic Lower-Limb Exoskeleton Devices** (MP9645) — Powered exoskeleton orthotics devices, including but not limited to, ReWalk™ Personal and Indego® are considered experimental and investigational, and therefore not covered.
- **Access Techniques for Lumbar Interbody Fusion (LIF)** (MP9652) — Access techniques considered medically necessary: Anterior LIF, including lateral approaches, direct lateral interbody fusion, and oblique lumbar interbody fusion; Posterior LIF, including transforaminal lumbar interbody fusion. Prior authorization is not required.
- **Inhaled Nitric Oxide Therapy** (MP9654) — Medically necessary for the treatment of hypoxic respiratory failure in term and near-term (born at 34 or more weeks of gestation) neonates. Prior authorization is not required.
- **Skin and Soft Tissue-Engineered Substitutes for Wound and Surgical Care** (MP9655) —Prior authorization is not required. Policy lists products considered medically necessary for:
  - Postmastectomy breast reconstructive surgery
  - Non-infected wounds or non infected chronic ulcers (diabetic or venous insufficiency) of the lower extremity, which have not adequately responded to conventional therapy

    - Deep dermal or full thickness burns (2nd- and 3rd-degree)
    - Stevens-Johnson syndrome and toxic epidermal necrolysis
    - Dystrophic epidermolysis bullosa
- **Home Use of Bilevel Positive Airway Pressure (BiPAP) for Conditions Other Than Obstructive Sleep Apnea (OSA)** (MP9658) — Prior authorization is not required. Standard BiPAP devices with or without a backup rate are considered medically necessary for sleep-associated hypoventilation, including:
    - Restrictive thoracic disorders/neuromuscular disorders
    - Severe chronic obstructive pulmonary disease
    - Central apnea
    - Complex, mixed sleep apnea when central apnea persists following correction of the accompanying obstructive component.

  BiPAP with average volume assured pressure support is considered medically necessary for members with confirmed, severe, chronic hypoventilation due to inadequate breath-to-breath tidal volume maintenance with standard BiPAP, including:
    - Advanced chronic obstructive pulmonary disease
    - Advanced thoracic/neuromuscular disorders
    - Advanced mobility restrictions
    - Obesity hypoventilation syndrome

Medical Policy Revisions

Services listed in this section may be covered (considered medically necessary) or non-covered (considered experimental and investigational).

Effective June 1, 2023:

- **Light Treatment and Laser Therapies for Benign Dermatologic Conditions** (MP9057) — In-home ultraviolet light units do not require prior authorization. The following requirements were removed: “dermatologist providing supporting documentation and improvement has been seen in a physician’s office or clinic.”

Effective July 1, 2023:

- **Oncology: Molecular Analysis of Solid Tumors and Hematologic Malignancies** (MP9608) — Comprehensive molecular profiling panels for hematologic malignancies and myeloid malignancy panels in bone marrow or peripheral blood. Considered medically necessary when member has a suspected myelodysplastic syndrome and other causes of cytopenia(s) have been ruled out.

Effective September 1, 2023:

- **Vagus Nerve Stimulation** (MP9232) — Revision or replacement of a vagus nerve stimulator does not require prior authorization.
- **High Frequency Chest Compression Devices** (MP9235) — Indications removed: lung transplant recipients, within the first six months post-operatively, who are unable to tolerate standard chest physiotherapy; and members with chronic neuromuscular disease characterized by excessive mucous production, infection, and difficulty clearing secretions.
- **Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea** (MP9239) —Prior authorization is not required for the initial two-month rental period. In month three, the device is required to be purchased or returned to the supplier. Purchase without prior authorization may occur any time prior to the third month. A physician is required to order CPAP and BiPAP (pulmonologist’s order not required). Prior authorization is not required for device repair

or replacement. Criteria removed for oral appliances and prior authorization is not required.

- **Varicose Vein and Venous Insufficiency Treatments of Lower Extremities** (MP9241) — Prior authorization is required. Cyanoacrylate adhesive (e.g., VenaSeal) is considered medically necessary for the treatment of symptomatic superficial truncal varicose veins. Subfascial endoscopic perforator surgery (SEPS) is not covered.
- **Amino Acid Based Formulas and Human Breast Milk** (MP9355) — Considered medically necessary for the following diagnosis: cystic fibrosis, amino acid, organic acid, fatty acid, metabolic and malabsorption disorders. Prior authorization is not required for amino acid based formulas. Pasteurized donated human breast milk nutritional support requires prior authorization.
- **Laboratory Testing** (MP9539) — Individual tests or panels which are self-referred or submitted by the member are not covered. Testing considered to be experimental and investigational, and therefore not covered (this is not an all-inclusive list): neutralizing antibodies to interferon beta in the management of Multiple Sclerosis; Vitamin D for general population screening; lipoprotein subclass for screening, evaluation, and monitoring of cardiovascular disease and all other indications; and salivary estriol for preterm labor.
- **Bone, Cartilage, Ligament Graft Substitutes, and Blood Derived Products for Orthopedic Applications** (MP9545) — Prior authorization is not required. Bone graft materials/substitutes/fillers, including stem cell and cellular bone matrix products for orthopedic applications are considered experimental and investigational, and therefore not covered, including but not limited to: synthetic ceramic-based or bioactive glass bone substitutes or fillers used singly or in combination with other grafts. Refer to Appendix A for a list of medically necessary products and Appendix B for products considered to be experimental and investigational and therefore not covered.

Medical/Pharmacy Benefit Drug Policy Updates

Our health plan requires providers to obtain prior authorization approval on all drugs with documented policies. Authorization requests should be submitted to either the health plan or Navitus as noted in the policy. Please note that most drugs require specialists to prescribe and request authorization. Please email questions about drug policy updates to DHPPharmacyServices@deancare.com.

Pharmacy Drug Formulary Maintenance

Effective for dates of service on and after July 1, 2023:

- **Inhaled corticosteroids**
  - **Arnuity Ellipta** — Moved to preferred brand.
  - **Asmanex** — Moved to preferred brand.
  - **Asmanex HFA** — Moved to preferred brand.
  - **Flovent HFA** (brand) — Moved to preferred brand.
  - **Flovent Diskus** — Moved to preferred brand.
  - **Flovent HFA (AG)** — No change (NC).

Pharmacy Drug New or Expanded Formulations

Effective for dates of service on and after July 1, 2023:

- **Gralise (gabapentin)** 450, 750, & 900 mg tablets — Moved to not covered.
- **Mircera (epoetin beta)** 120 mcg/0.3 mL syringe — Moved to not covered.

- **primidone** 125 mg tablets — Moved to not covered.
- **Tirosint (levothyroxine)** 37.5, 44, & 62.5 mcg capsules — Moved to not covered.
- **Trikafta (elexacaftor/tezacaftor/ivacaftor)** 100/50/75 mg & 80/40/60 mg oral granules — Will be covered on the on the preferred brand/specialty tier, with a prior authorization to mirror the tablets and will include children 2 years of age and older with a quantity limit of 2 packets per day.

Pharmacy Drug New Indications

Effective for dates of service on and after July 1, 2023:

- **Imbruvica (ibrutinib)** 420 mg/560 mg tab, 70 mg/140 mg cap, & suspension — Indication withdrawal for use in patients with mantle cell lymphoma (MCL) who have received 1 or more prior therapy and with marginal zone lymphoma (MZL) who require systemic therapy and have received 1 or more prior anti-CD20-based therapy.
- **Kevzara (sarilumab)** 150 mg/1.14 mL & 200 mg/1.14 mL injections — Added indication requiring an appropriate diagnosis, prescription by or in consultation with a rheumatologist, and that a trial of a corticosteroid was ineffective or that the patient was unable to tolerate steroid taper to 5 mg prednisone equivalent/day or less.
- **Qulipta (atogepant)** 60 mg tablets — No change necessary.
- **Trikafta (elexacaftor/tezacaftor/ivacaftor)** 100/50/75 mg & 80/40/60 mg oral granules — Updated the prior authorization to now include children 2 years of age and older.

New Medical Benefit Drug Policies

Effective for dates of service on and after June 1, 2023:

- **Ilumya (tildrakizumab-asmn)** — New medical policy and prior authorization is required.

Effective for dates of service on and after August 1, 2023:

- **Syfovre (pegcetacoplan)** — New medical policy and prior authorization is required.
- **Zynyz (retifanlimab-dlwr)** — New medical policy and prior authorization is required.

Effective for dates of service on and after September 1, 2023:

- **Spravato (esketamine)** — New *medical* policy and prior authorization is required.
- **Spravato (esketamine)** — New *pharmacy* policy and prior authorization is required.

Changes to Medical Benefit Drug Policies

Effective for dates of service on and after June 1, 2023:

- **Flolan (epoprpstenol) - Remodulin (treprostinil)** (MB1934) — Prior authorization requirement for Flolan and Veletri removed. Prior authorization is still required for Remodulin.
- **Oncology Policies with Magellan Rx (MRx)** — The medical benefit drug policy documents for the drugs listed below will be updated and accessible via the “Medical Oncology Drugs” link on our Health Medical Management web page:
    - **Pedmark (sodium thiosulfate)**
    - **Poteligeo (mogamulizumab-kpkc)**
    - **Sylvant (siltuximab)**

Effective for dates of service on and after June 29, 2023:

- **Oncology Policies with Magellan Rx (MRx)** — The medical benefit drug policy documents for the drugs listed below will be updated and accessible via the "Medical Oncology Drugs" link on our Health Medical Management web page:
    - **Aranesp (darbepoetin alfa)**
    - **epoetin alfa (Epogen, Procrit, Retacrit)**
    - **Fyarro (sirolimus albumin bound)**
    - **Imlygi (talimogene laherparepvec)**
    - **Infugem (gemcitabine)**
    - **Jelmyto (mitomycin)**
    - **Keytruda (pembrolizumab)**
    - **Opdualag (nivolumab-relatimab-rmbw)**
    - **Padcev (enfortumab vedotin ejfv)**
    - **Polivy (polatuzumab vedotin piiq)**

The following medical benefit drug policies will be placed into a new format, co-branded with Magellan Rx (MRx), and available from **the Magellan website** starting on July 1, 2023. In addition to reformatting, some of the policies listed below will be revised for new criteria, effective October 1, 2023. Providers are strongly encouraged to review the policies as there may be changes to authorization criteria and/or the length of authorization that may impact a provider's care plan for a patient. For example, some drugs that previously had approval periods of 12 months may be approved for a shorter period of time, and may or may not be renewed upon review according to clinical indication.

- **Actemra (tocilizumab)**
- **Adakveo (crizanlizumav-tmca)**
- **Benlysta (belimumab)**
- **Crysvita (burosumab-twza)**
- **denosumab (Prolia®; Xgeva)**
- **Entyvio (vedolizumab)**
- **Fasenra (benralizumab)**
- **immune globulin (IVIG)**
- **infliximab (Remicade®; Inflectra®; Renflexis™; Avsola®; Infliximab)**
- **Injectafer (ferric carboxymaltose)**
- **Krystexxa (pegloticase)**
- **Monoferric (ferric derisomaltose)**
- **Ocrevus (ocrelizumab)**
- **Orencia (abatacept)**
- **Radicava (edaravone)**
- **Reblozyl (luspatercept)**
- **Signifor Lar (pasireotide)**
- **Simponi Aria (golimumab)**
- **Soliris (eculizumab)**
- **Vpriv (velaglucerase)**

Locating Medical Policies & Medical Benefit Drug Policies

The WellFirst Health Document Library is an online repository of medical policies, medical benefit drug policies, forms, manuals, and other documents.

Providers are encouraged to track updates and review policies in their entirety. The WellFirst Health Document Library is directly accessible at **wellfirstbenefits.com/document-library** or by visiting **wellfirstbenefits.com** and following the step-by-step instructions below:

- Select **Providers,** and then **Medical Management**.
- Under WellFirst Health Policies, click the **Medical Policies** or **Drug Policies** link.
- From the Document Library page, for best results, in the **By Audience** dropdown, select **Provider** and in the **By Category** dropdown, select either **Medical Policies** or **Drug Policies**, as applicable.
- In the **Search for** field, enter the policy name or numerical digits of the assigned policy number (e.g., entering 1234 of the medical benefit policy number MB1234) and click **Go** to access the policy.

Oncology and oncology-related medical benefit drug policies that have been developed by our vendor Magellan Rx (MRx) are available via links in our Medical Injectables list, not the Document Library.

Locating Pharmacy Benefit Drug Policies

Pharmacy benefit drug policies are not in the Document Library. Criteria for pharmacy benefit medications are found on the associated prior authorization forms located in the Navitus Prescriber Portal at **prescribers.navitus.com**.

This notification will be published soon on our Provider Communications web page. Visit this page for on-demand access to current and past communications.