Coverage Policy Unit (CPU) - Monthly Policy Updates

Effective October 15, 2023 (unless otherwise noted)

Note – Log-in is needed for policy update sections marked with an asterisk *. Use this link to log-in, Cigna for Health Care Professionals > Resources > Reimbursement and Payment Policies.

Medical Coverage Policy	New, Updated, or Retired?	Comments
Airway Clearance Devices in the Ambulatory Setting - (0069)	Update	Minor **changes** in coverage criteria: • Removed the medical necessity criteria associated with the acoustical percussor, positive expiratory pressure and aerosol drug delivery system combination device (e.g., Vibralung®); mechanical percussors; oscillatory (vibratory) positive expiratory pressure devices; and positive expiratory pressure devices.
Cardiac Electrophysiological (EP) Studies - (0532)	Update	Important **changes** in coverage criteria: • Expanded coverage by removing "if meaningful survival of greater than one year is expected" from all policy statements. • Expanded coverage by adding criteria for eligibility for an ICD in an individual with ischemic heart disease and unexplained syncope.

[Corneal Remodeling for Refractive Errors - (0141)]	Update	Minor **changes** in coverage criteria/policy:
		• Removed the following from the policy statement:
		    • laser in situ keratomileusis
		    • photorefractive keratectomy
		    • radial keratotomy

[Implantable Cardioverter Defibrillator (ICD) - (0181)]	Update	Important changes in coverage criteria
		• Expanded coverage:
		    • removed revascularization status as a criteria to be met
		    • removed time frames associated with myocardial infarction (MI) and nonsustained ventricular tachycardia (NSVT)
		• Expanded coverage:
		    • consolidated specific conditions with more generic terms that encompass more than one condition.
		• Expanded coverage:
		    • adding two new indications for unexplained syncope:
		        • cardiac sarcoidosis with documented spontaneous sustained ventricular tachycardia
		        • Inducible sustained monomorphic ventricular tachycardia (VT) on electrophysiological study
		• Limited coverage:
		    • added additional criteria to be met when requesting an implantable cardioverter defibrillator (ICD) for unexplained syncope due to long QT syndrome:
		        • syncope while receiving beta-blockers, OR
		        • beta-blockers are contraindicated
		• Limited coverage:
		    • changed the time frame for ICD placement post-acute MI from less than or equal to 40 days to less than 40 days
		• Expanded coverage:
		    • removed the term asymptomatic when used to explain nonsustained ventricular tachycardia (NSVT).
		• Expanded coverage:
		    • Changed: ICD is appropriate for post acute myocardial Infarction (MI) (≤ 40 days) and revascularization
		    • TO: ICD is appropriate for post acute myocardial Infarction (MI) (≤ 40 days) and/**or** revascularization
		• Minor change:
		    • clarified post-acute is MI is less than > 48 hours after MI
		• Limited coverage:

- removed the following coverage statement for the primary prevention ICD:
  - Post-acute MI (≤ 40 days) with pre-existing chronic cardiomyopathy (≥ 90 days 3 months) and ANY of the following:
    - Left ventricular ejection fraction (LVEF) < 30% due to old infarction. New York Heart Association (NYHA) class I
    - LVEF < 35% due to old infarction. NYHA class II-III
    - LVEF < 35% due to nonischemic causes. NYHA class I-III
- Expanded coverage:
  - changed the time frame for a primary prevention ICD for post-acute MI from greater than 40 days to greater than or equal to 40 days.
- Expanded coverage for an ICD Post MI with ischemic cardiomyopathy:
  - added LVEF less than or = to 30% with NHYA class I, and
  - changed LVEF from 36-40% to 40% and under
- Limited coverage:
  - removed the following coverage statement for the primary prevention ICD
    - Post-MI (> 40 Days) with ischemic cardiomyopathy, with recent percutaneous coronary intervention (PCI) or coronary artery bypass graft (CABG) (≤ 3 months), and ANY of the following:
      - No known pre-existing cardiomyopathy, LVEF ≤ 35
      - Pre-existing documented cardiomyopathy. LVEF ≤ 35% on guideline-directed medical therapy > 3 months before PCI/CABG
      - LVEF ≤ 40%, with need for permanent pacemaker post-revascularization
- Limited coverage:
  - removed New York Heart Association class I as a covered indication for an ICD due to nonischemic cardiomyopathy.
- Limited coverage
  - added additional criteria to be met when requesting an ICD for Cardiac sarcoidosis which is one of the following:
    - Sustained VT
    - Survivors of sudden cardiac arrest (SCA)
    - LVEF ≤ 35%
    - LVEF > 35% with syncope and/or evidence of myocardial scar by cardiac MRI or positron emission tomographic (PET) scan
    - LVEF > 35%, with inducible sustained ventricular arrhythmia (VA)
- Limited coverage:
  - removed cardiac amyloidosis with heart failure from the primary prevention ICD covered list
- Expanded coverage:

		• added a new genetic condition for ICD placement.
		  • nonischemic cardiomyopathy due to Lamin AC mutation
		• Minor change:
		  • added additional risk factors that may put a patient with hypertrophic cardiomyopathy (HCM) at increased risk of sudden cardiac death (SCD).

Minimally Invasive Anti-Reflux Procedures and Peroral Endoscopic Myotomy (POEM) Procedures - (0019)	Update	Important changes in coverage criteria • Changed from not covered to covered • Changed Gastric Peroral Endoscopic Myotomy (G-POEM) from EIU to covered for the management of refractory gastroparesis when criteria is met.

Omnibus Codes - (0504)	Update	Minor **changes** in coverage criteria/policy:
		• Annual review of cardiovascular topics with no change in coverage
		• Removed policy statements for the following:
		  • Endothelial Function/Elasticity Assessment
		  • Transcatheter intraoperative blood vessel microinfusion(s)
		  • Therapeutic Ultrafiltration
		  • Transurethral Radiofrequency Tissue Micro-Remodeling
		  • Rectal Control System for vaginal insertion
		  • Treatment Fields (TTF) Therapy
		  • Insertion of Ocular Telescope Prosthesis Including Crystalline Lens

Orthotic Devices and Shoes - (0543)	Update	Important **changes** in coverage criteria:
		• Updated to new template and formatting standards
		• Removed the following from the policy statement sections due to changes in precertification status:
		  • mechanical stance control orthotic device from statement regarding clinically equivalent.
		  • powered exoskeleton from EIU policy statement
		  • functional knee brace after successful anterior cruciate ligament reconstruction from EIU policy statement

Surgical Treatments for Lymphedema and Lipedema - (0531)	Update	Minor **changes** in coverage criteria/policy: • Title change to Lymphedema and Lipedema Surgical Treatments • Clarification in the coverage statement to indicate that treatment for lipedema is covered in the extremities • Added not covered: Axillary Reverse Mapping/Reverse Lymphatic Mapping

[Wearable Cardioverter Defibrillator and Automatic External Defibrillator - (0431)]	Update	Minor change: • This posting reflects both the immediate effective changes and the changes that require advance notification from CP 0181.
Ambulatory Assistance Devices – (0050)	Retired	Retired 10/15/2023
Bronchial Thermoplasty – (0502)	Retired	Retired 10/15/2023
Hospitalization for the Initiation of a Ketogenic Diet – (0359)	Retired	Retired 10/15/2023
Prostate-Specific Antigen (PSA) Screening for Prostate Cancer – (0215)	Retired	Retired 10/15/2023
Ultrasound-guided Radiofrequency Ablation for Uterine Fibroids – (0602)	Retired	Retired 10/15/2023
Whole Body Dual X-Ray Absorptiometry (DXA) – (0325)	Retired	Retired 10/15/2023
ASH Guidelines	**New, Updated, or Retired?**	**Comments**

Spinal Ultrasound - (CPG 038)	Update	Minor **changes** in coverage criteria: • Clarification to define "newborns and infants"
eviCore Guidelines	**New, Updated, or Retired?**	**Comments**
Cobranded Radiation Oncology Guidelines	Update	Posted **9/1/2023**, Effective date **10/1/2023** Three guidelines had important **changes** in coverage criteria: • Bone Metastases • Added coverage for stereotactic body radiation therapy (SBRT) for hepatocellular carcinoma spinal metastases • Non-Small Cell Lung Cancer • Expanded coverage for intensity-modulated radiation therapy (IMRT) in non-small cell lung cancer to include: ▪ for curative treatment when overlapping with a previously irradiated area ▪ when 3D conformal plan exceeds the tolerances for organs at risk • Small Cell Lung Cancer • Expanded coverage to include IMRT for stage I, node-negative stage IIA and stage IIB limited-stage small cell lung cancer One guideline had a minor **change** for clarification: Brachytherapy of the Coronary Arteries • Removed "bare-metal" from guideline statement The remaining 41 guidelines had no changes to coverage.
Administrative Policy	**New, Updated, or Retired?**	**Comments**
Emergency Room Services - (A005)	Update	Effective 10/1/2023. Annual review.
Drug & Biologic Coverage Policy	**New, Updated, or Retired?**	**Comments** **All policy changes effective October 1, 2023, unless otherwise stated**

Alirocumab - (IP0250)	Update	No **changes** in coverage criteria: • Updated dates, instructions for use, background, references, and copyright statement only. • Effective date: 10/1/2023
Attention Deficit Hyperactivity Disorder (ADHD) Stimulants - (IP0477)	Update	Important **changes** in coverage criteria: • Removed Adzenys ER oral suspension and amphetamine extended-release suspension from the policy, both products were discontinued by the manufacturer. • Added lisdexamfetamine capsule and chewable tablet (generic for Vyvanse) to the policy. • Brand name Vyvanse is no longer a preferred brand product for Standard, Performance, Legacy drug list plans and preferred alternatives throughout the policy were updated to reflect the generic lisdexamfetamine instead. • Effective date **10/15/2023**.
Bempedoic Acid - (IP0248)	Update	No **changes** in coverage criteria: • Updated dates, instructions for use, background, references, and copyright statement only. • Effective date: 10/1/2023
Bempedoic Acid/Ezetimibe - (IP0249)	Update	No **changes** in coverage criteria: • Updated dates, instructions for use, background, references, and copyright statement only. • Effective date: 10/15/2023
Beremagene geperpavec-svdt - (IP0572)	New	This is a new coverage policy. • This policy supports medical precertification of beremagene geperpavec-svdt [Vyjuvek] • Effective date **9/15/2023**. Minor update in coverage criteria: • Initial and re-authorization durations updated to 6 months • Effective date **10/1/2023**
Contraceptives - (IP0036)	Update	No **changes** in coverage criteria: • Updated dates, instructions for use, background, references, and copyright statement only. • Effective date: 10/15/2023
Dornase Alfa - (IP0483)	Update	No **changes** in coverage criteria: • Updated dates, instructions for use, background, references, and copyright statement only. • Effective date: 10/15/2023

Elagolix - (IP0196)	Update	Important **change** in coverage criteria: • Added Myfembree as an alternative to individual has previous use of a gonadotropin-releasing hormone agonist • Effective date: 10/1/2023
Emicizumab-kxwh - (IP0121)	Update	No **changes** in coverage criteria: • Updated dates, instructions for use, background, references, and copyright statement only. • Effective date: 10/15/2023
Evolocumab - (IP0195)	Update	No **changes** in coverage criteria: • Updated dates, instructions for use, background, references, and copyright statement only. • Effective date: 10/1/2023
Amlodipine Oral Solution - (IP0484)	Update	Important **change** in coverage criteria: • Katerzia added to the policy effective 1/1/2024. • Policy effective **10/1/2023**.
Butalbital Combination Products - (IP0025) -	Update	Important **change** in coverage criteria: • Esgic, Fioricet and Fioricet with codeine added to the policy effective 1/1/2024. • Policy aligned to current template / language standards. • Policy effective **10/1/2023**.
Deutetrabenazine - (IP0079)	Update	Important **change** in coverage criteria: • Austedo XR added to the policy effective 1/1/2024. • Policy aligned to current template / language standards. • Policy effective **10/15/2023**.
Inclisiran - (IP0380)	Update	No **changes** in coverage criteria: • Updated dates, instructions for use, background, references, and copyright statement only. • Effective date: 10/1/2023
Leniolisib - (IP0568)	New	This is a new coverage policy. • This policy supports pharmacy prior authorization of leniolisib tablets [Joenja]. • Effective date **10/1/2023**.

Lomitapide - (IP0221)	Update	No **changes** in coverage criteria: • Updated dates, instructions for use, background, references, and copyright statement only. • Effective date: 10/1/2023
Mavacamten - (IP0480)	Update	No **changes** in coverage criteria: • Updated dates, instructions for use, background, references, and copyright statement only. • Effective date: 10/15/20230
Nasal Steroids and Nasal Steroid/Antihistamine Combinations - (IP0274)	Update	No **changes** in coverage criteria: • Updated dates, instructions for use, background, references, and copyright statement only. • Effective date: 10/15/20230
Omaveloxolone - (IP0566)	New	This is a **new** coverage policy. • This policy supports pharmacy prior authorization of Skyclarys (omaveloxolone). • Effective: **10/15/2023**
Oncology Medications - (1403)	Update	Important **changes** in coverage criteria • Updated the Keytruda step therapy requirement for Jemperli to that of monotherapy uses only for lines of business • Effective **10/15/2023**
Pegunigalsidase Alfa - (IP0570)	New	This is a **new** coverage policy. • The policy supports medical necessity review for pegunigalsidase alfa intravenous infusion (Elfabrio). • Effective date **10/1/2023.**
Secukinumab - (IP0223)	Update	**Important changes** in coverage criteria: • Extended the current Cosentyx approach to Cosentyx Unoready pen. • Effective date **10/15/2023.**
Sirolimus - (IP0511)	Update	No **changes** in coverage criteria: • Updated dates, instructions for use, background, references, and copyright statement only. • Effective date: 10/15/20230
Step Therapy – Legacy Prescription Drug Lists (Employer	Update	Important **change** in coverage criteria: • Updated the Antidepressants, Atypical Antipsychotic Agents, Beta Blockers, Hypnotics, Inhaled Corticosteroid (ICS), Inhaled Corticosteroid (ICS) with Long-Acting Beta

Group Plans) - (1803)		Agonist (LABA), Long-Acting Beta Agonist (LABA), Long-Acting Muscarinic Antagonist (LAMA)/Long-Acting Beta-2 Adrenergic Agonist (LABA) and Statins sections, effective 1/1/2024 • Policy effective **10/1/2023**.
Step Therapy – Standard and Performance Prescription Drug Lists (Employer Group Plans) - (1801)	Update	Important **change** in coverage criteria: • Updated the Antidepressants, Atypical Antipsychotic Agents, Beta Blockers, Hypnotics, and Statins sections, effective 1/1/2024 • Policy effective **10/1/2023**.
Step Therapy – Value and Advantage Prescription Drug Lists (Employer Group Plans) - (1802)	Update	Important **change** in coverage criteria: • Updated the Antidepressants, Atypical Antipsychotic Agents, Beta Blockers, and Hypnotics sections, effective 1/1/2024 • Policy effective **10/1/2023**.
Testosterone (Injectables and Implantable Pellets - (IP0351)	Update	Important changes in coverage criteria: • Preferred product prerequisite requirements updated responsive to P&T guidance • Can only require injectable alternatives for injectable targets • Effective date: **10/15/2023**.
Tolvaptan (Samsca) for Individual and Family Plans - (IP0471)	Update	Important **changes** in coverage criteria: • Added "Samsca" to the policy title. • Updated reauthorization criteria and reauthorization approval duration. • Effective date: **10/15/2023**.
Triamcinolone Acetonide Extended-Release Injection - (IP0140)	Update	No **changes** in coverage criteria: • Updated dates, instructions for use, background, references, and copyright statement only. • Effective date: 10/1/2023
Trientene Products – (IP0278)	Update	Important **changes** in coverage criteria: • Added criteria for Cuvrior (trientine tetrahydrochloride) • Changed title of coverage policy to from Trientene Hydrochloride to Trientene Products • Effective: **10/15/2023**

[Valoctocogene roxaparvovec-rvox - (IP0580)]	New	This is a new coverage policy. • This policy supports medical precertification of Valoctocogene roxaparvovec-rvox (Roctavian) • Effective date **10/1/2023**
Nitrofurantoin Suspension - (P0059)	Retired	CP to be retired effective 10/15/2023.
CareAllies Medical Necessity Guideline	**New, Updated, or Retired?**	**Comments**
		All updates are the same as over medical and Drug and Biologic policies for October 2023.
Precertification Policy*	**New, Updated, or Retired?**	**Comments**
Precertification List	New	Added 10 Drug and Biologic HCPCS codes to precert. The complete list can be found in the CPU Precertification Page using the following link: Precertification List
Reimbursement Policy*	**New, Updated, or Retired?**	**Comments**
Unlisted Codes - (R08)	Update	Annual Review. Template Updated. Minor Revisions only.
Dialysis Services and Supplies - (R16)	Update	Annual Review. Updated Template and Reference Section.
Other Coding and Reimbursement Documents	**New, Updated, or Retired?**	**Comments**
		No updates for October 2023

ClaimsXten Documents*	New, Updated, or Retired?	Comments
Code Editing Policy and Guidelines for Providers (cigna.com)	Update	On September 14, 2023, a notification was sent out stating: Effective December 21, 2023, Cigna is implementing through ClaimsXten a Medically Unlikely Edit (MUE) for COVID-19 laboratory services for CPT codes 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635, 87636, 87637, 87811, 87913, 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U and HCPCS codes U0001 and U0002 for provider services submitted on a CMS 1500 claim form and for outpatient facility services submitted on a UB-04 claim form. The MUE rules apply frequency limitations as defined by the Centers of Medicare and Medicaid Services (CMS). These edits were developed by CMS based on anatomic considerations, HCPCS or CPT code descriptors, CPT instructions, CMS policies, nature of service or procedure, nature of analyte, nature of equipment, and clinical judgment. On November 13, 2023, ClaimsXten will be updated to Fourth Quarter Knowledge Base content and NCCI Version 29.3 for all medical and behavioral claims we process.

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