May 29, 2018

Subject: Medical Policy Updates

Dear Provider,

The following medical policies will be archived effective **July 30, 2018:**

- MP 2.01.54 - Endovascular Procedures for Intracranial Arterial Disease (Atherosclerosis and Aneurysms)
- MP 7.01.132 - Transcatheter Aortic Valve Implantation for Aortic Stenosis
- MP 2.01.93 - Antigen Leukocyte Antibody Test

Blue Cross of Idaho made changes to the following medical policies that are effective **July 30, 2018:**

- 5.01.28 - Nusinersen for Spinal Muscular Atrophy
  - Medical policy references updated and policy statement expanded to all types of SMA.
  - Updated coding: J2326
- 7.01.106 - Percutaneous Tibial Nerve Stimulation
  - Revised policy statements for use of PTNS in overactive bladder syndrome that has failed behavioral and pharmacologic therapy. In these patients, PTNS is considered medically necessary as an initial course of therapy and maintenance therapy for individuals who respond to initial course.
- 8.01.01 - Adoptive Immunotherapy
  - Policy statement clarified, changing “2 or 3” to “3”, to read: “Patient has active central nervous system 3 acute lymphoblastic leukemia (i.e., white blood cell count ≥5 cells/μL in cerebrospinal fluid with presence of lymphoblasts).”

Blue Cross of Idaho added the following medical policies to the medical policy library effective **July 30, 2018:**

- 2.04.144 - Gene Therapy for Inherited Retinal Dystrophy
  - Voretigene neaparvovec-rzyl adeno-associated virus vector-based gene therapy subretinal injection is considered medically necessary for patients with vision loss due to biallelic RPE65 variant-associated retinal dystrophy meeting criteria.
- 5.01.520 - Letermovir (Prevymis) for Cytomegalovirus Prophylaxis in Hematopoietic Stem Cell Transplant Patients
  - Letermovir (Prevymis™) is considered medically necessary for the treatment of adult patients for prophylaxis of cytomegalovirus (CMV) infection and disease in CMV seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT) when meeting criteria.
- 10.01.500 – Cost Effective Medical Drugs
  - New policy to address cost effective alternatives for medical pharmacy medications.

The changes listed above reflect the most current literature reviews on these indications. You can find additional information regarding these medical policies on our provider portal at providers.bcidaho.com. Our medical policies are designed for informational purposes only and are not an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically. These policies may not apply to all lines of business such as the Federal Employee Program, Medicare Advantage and certain self-insured groups.

Thank you for your cooperation and partnership.

Sincerely,

Judy Mouchawar, MD
Medical Director, Medical Policy
Blue Cross of Idaho