



Pediatrics and Endocrinology

Medical Policy Group

Co-chairs

Katherine Dallow, MD, MPH • Vice President • Clinical Programs and Strategy
Desiree Otenti, ANP, MPH, Senior Director • Medical Policy Administration

Meeting #269	May 26 th , 2020	12–2 PM	Conference Call	Please email ebr@bcbsma.com for conference line information
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Invited: Katherine Dallow, MD, MPH, co-chair (Medical Policy Administration), Desiree Otenti, ANP, co-chair, (Medical Policy Administration); Grace Baker, MSW, LCSW, (Medical Policy Administration); Laura Barry, RN, BSN, (Medical Policy Administration); Craig Haug, MD, (Surgery); Thomas Hawkins, MD, (Internal Medicine); Kenneth Duckworth, MD, (Psychiatry); Peter Lakin, R.Ph, (Pharmacy Operations); Thomas Kowalski, R.Ph, (Clinical Pharmacy)

Invited Physician Guest(s): Representatives from the Massachusetts Academy of Pediatrics; Representatives from the Specialty of Endocrinology

RSVP to EBR@BCBSMA.com

Network physicians who plan to attend the meeting must confirm and provide their contact information by email to EBR@bcbsma.com at least 48 hours before the meeting. It is important that Blue Cross Blue Shield have the contact information for any physician who will be attending this meeting, since we need to mail confidentiality and conflict-of-interest forms. Attending physicians may either take part in the meeting in person or via conference call. If a physician would like to call in to the meeting, a conference number will be provided by BCBSMA prior to the meeting date. **Note:** Please be aware that this meeting may end early if there are no attending providers.

To view each medical policy on the agenda

The policies are hyperlinked to each entry on the list and can be opened by clicking on the policy number following the policy title.

To access the medical policies

We are currently experiencing intermittent website access issues with our medical policies. [Click here](#) for an alternate way to access the policies, and then enter the policy number or policy title in the search box.

Pediatrics Medical Policies with Coverage Updates

- Hematopoietic Cell Transplantation for Solid Tumors of Childhood ([208](#))
 - Bone marrow harvesting codes were removed. Outpatient prior authorization is not required. 4/2020.
- Hematopoietic Stem cell Transplantation for CNS Embryonal Tumors and Ependymoma ([205](#))
 - Bone marrow harvesting codes were removed. Outpatient prior authorization is not required. 4/2020.
- Plastic Surgery: Congenital Deformities in Children ([068](#))
 - Medically necessary statement on removal of excess skin clarified to include functional impairment, such as significant difficulty with activities of daily living. 3/2020
- Zolgensma (onasemnogene abeparvovec-xioi) for the Treatment of Spinal Muscular Atrophy ([008](#))
 - New medical policy describing medically necessary and investigational indications. Effective 2/1/2020.

Pediatrics Medical Policies with no Coverage Updates

- Auditory Brainstem Implant ([481](#))
- Bone Turnover Markers for Diagnosis and Management of Osteoporosis and Diseases Associated with High Bone Turnover ([549](#))
- Cochlear Implant ([478](#))

8. Home Cardiorespiratory Monitoring ([224](#))
9. Implantable Bone-Conduction and Bone-Anchored Hearing Aids ([479](#))
10. Inhaled Nitric Oxide as a Treatment of Hypoxic Respiratory Failure in Neonates ([100](#))
11. Insulin Delivery Devices: Pumps, Pens, and Jet Injectors ([332](#))
12. Neuropsychological and Psychological Testing ([151](#))
13. Non-Invasive Vascular Studies – Duplex Scans ([691](#))
14. Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders ([120](#))
15. Phototherapy: PUVA, UV-B and Targeted Phototherapy ([059](#))
16. Semi-Implantable and Fully Implantable Middle Ear Hearing Aid ([480](#))
17. Sensory Integration Therapy ([659](#))
18. Vertical Expandable Prosthetic Titanium Rib ([305](#))
19. Medical Technology Assessment Investigational (Non-Covered) Services List ([400](#))

Pediatrics Pharmacy Policies with Coverage Updates

20. Asthma and Chronic Obstructive Pulmonary Disease Medication Management ([011](#))
 - Updated criteria for Incruse™ Ellipta® and clarify criteria for non-preferred. 1/2020.
21. Botulinum Toxin Injections SP ([006](#))
 - Updated Chronic Migraine preventative medication list and definition. 4/2020.
 - Updated to include new indications and criteria for Dysport. 11/2019.
 - Updated to include new FDA indication - the treatment of upper limb spasticity in pediatric patients 2 to 17 years of age. 8/2019.
22. CNS Stimulants and Psychotherapeutic Agents ([019](#))
 - Updated to remove PA on atomoxetine and Straterra and make Straterra not covered and add Wakix and Sunosi to the policy. 1/2020.
23. Drugs for Cystic Fibrosis ([408](#))
 - Updated to add Trikafta™ to the policy. 2/2020.
24. Human Anti-hemophilic Factor ([360](#))
 - Added Esperoct® to the policy. 2/2020.
25. Immune Modulating Drugs ([004](#))
 - Updated to move Stelara to move to non-preferred for UC. 2/2020.
26. Immunomodulators for Skin Conditions ([010](#))
 - Updated to remove age edits. 4/2020.
27. Proton Pump Inhibitors ([030](#))
 - Updated to include Aspirin/Omeprazole to the policy. 2/2020.

Pediatrics Pharmacy Policies with no Coverage Updates

28. Growth Hormone and Insulin-like Growth Factor ([257](#))
29. RSV Immunoprophylaxis ([422](#))
30. Special Foods ([304](#))
31. Spinal Muscular Atrophy Medications SP ([044](#))

Endocrinology Medical Policies with Coverage Updates

32. Continuous or Intermittent Glucose Monitoring in Interstitial Fluid ([107](#))
 - Clarified prior authorization information regarding continuation use for CGM devices. Removed best practices statement. Short term and long term CGM criteria combined. 5/1/2020.
 - BCBSA National medical policy review. **Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid.** Effective 1/1/2020. Medically necessary indications added for use of short-term or long-term CGM in specific T2DM patients with criteria. Prior authorization is required. **Artificial Pancreas.** Effective 1/1/2020. Age criterion changed in the first medically necessary statement. Medically necessary statement added on FDA-approved automated insulin delivery system (artificial pancreas device system) designated as hybrid closed loop insulin delivery system in patients with type 1 diabetes who meet specified criteria. New investigational statement added on use of an automated insulin delivery system (artificial pancreas device system) for individuals who have not met specified criteria. Prior authorization is required. Medically necessary criteria for artificial pancreas were transferred to this policy from policy #720. 1/2020.

33. Intraoperative Neurophysiologic Monitoring (Sensory Evoked Potentials: Somatosensory, Motor Evoked Potentials, EEG Monitoring) ([211](#))
- Policy clarified to indicate that IONM may be indicated for intracerebral surgical procedures. 12/2019.
 - Policy clarified to remove the note indicating that training of four monitoring is considered integral to intraoperative monitoring and/or administration of anesthesia. 10/2019.

Endocrinology Medical Policies with no Coverage Updates

34. Anterior Eye Segment Optical Imaging ([084](#))
35. Biofeedback for the Treatment of Headache ([152](#))
36. Chelation Therapy ([122](#))
37. Corneal Endothelial Microscopy ([050](#))
38. Endothelial Keratoplasty ([180](#))
39. Insulin Potentiation Therapy ([532](#))
40. Medical Management of Obesity, including Anorexiant ([379](#))
41. Mineral Density Studies ([450](#))
42. Multianalyte Assays with Algorithmic Analyses for Predicting Risk of Type 2 Diabetes ([654](#))
43. Ophthalmologic Techniques to Evaluate the Retinal Nerve Fiber Layer ([053](#))
44. Retinal Telescreening for Diabetic Retinopathy ([065](#))
45. Routine Foot Care and Debridement of Toenails ([385](#))
46. Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions ([507](#))
47. Vertebral Fracture Assessment with Densitometry ([449](#))
48. Viscocanalostomy and Canaloplasty ([372](#))
49. Vitamin D Assay Testing ([746](#))
50. Whole Body Dual X-Ray Absorptiometry (DEXA) to Determine Body Composition ([577](#))
51. Medical Technology Assessment Investigational (Non-Covered) Services List ([400](#))

Endocrinology Pharmacy Policies with Coverage Updates

52. Botulinum Toxin Injections SP ([006](#))
- Updated Chronic Migraine preventative medication list and definition. 4/2020.
 - Updated to include new indications and criteria for Dysport. 11/2019.
 - Updated to include new FDA indication - the treatment of upper limb spasticity in pediatric patients 2 to 17 years of age. 8/2019.
53. Diabetes Step Therapy ([041](#))
- Updated to add Rybelsus® to Step 3. 2/2020.
 - Updated Step 3 criteria to require two step 2 medications prior to an approval. 1/2020.
54. Methadone treatment for Opioid Use Disorder ([274](#))
- New medically necessary criteria for Medicare Advantage added. Effective 1/1/2020.
 - Title changed. Updated note to clarify that take-home doses may be covered under the provision of a licensed outpatient drug program.

Endocrinology Pharmacy Policies with no Coverage Updates

55. Antihyperlipidemics ([013](#))
56. Human Growth Hormone ([257](#))

Topics for discussion

E-Blue Review (EBR) Comments
Emerging Medical Technologies

2020 Medical Policy Group meeting Schedule

Specialty	Date	Time	Room
Neurology and Neurosurgery	January 28 th , 2020	12 –2 PM	12-I
Hematology and Oncology	February 25 th , 2020	9–11 AM	12-I
Allergy and ENT/Otolaryngology	March 23 th , 2020	12 –2 PM	12-I
Pediatrics and Endocrinology	May 26 th , 2020	12 –2 PM	Conference Call

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Orthopedics, Rehabilitation Medicine and Rheumatology	June 30 th , 2020	12 –2 PM	12-I
Psychiatry and Ophthalmology	July 28 th , 2020	12 –2 PM	12-I
Cardiology and Pulmonology	August 25 th 2020	12 –2 PM	12-I
Urology and Obstetrics/Gynecology	September 29 th , 2020	12 –2 PM	12-I
Gastroenterology, Nutrition and Organ Transplantation	October 27 th , 2020	12 –2 PM	12-I
Plastic Surgery, Dermatology and Podiatry	November 17 th , 2020	12 –2 PM	12-I

For questions: ebr@bcbsma.com