



Urology and Obstetrics/Gynecology

Medical Policy Group

Co-chairs

Katherine Dallow, MD, MPH • Vice President • Clinical Programs and Strategy
Eliot Jekowsky, MD • Medical Director • Policy and Program Implementation
Desiree Oteni, ANP, MPH, Associate Director • Medical Policy Administration

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|--------------|-----------------------------------|---------|--|--------------------------|
| Meeting #252 | September 25 th , 2018 | 12–2 PM | 101 Huntington Avenue Boston, MA 02115 For questions: EBR@bcbsma.com | Conference Center : 12-I |
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Invited: Lee Steingisser, MD, co-chair (Internal Medicine); Eliot Jekowsky, MD, co-chair (Internal Medicine); Desiree Oteni, ANP, co-chair, (Medical Policy Administration); Craig Haug, MD, (Surgery); Thomas Hawkins, MD, (Internal Medicine); Kenneth Duckworth, MD, (Psychiatry); Mary Beth Erwin, R.Ph, (Pharmacy Operations); Thomas Kowalski, R.Ph, (Clinical Pharmacy)

Invited Physician Guest(s): Representatives from the Massachusetts Society of Urology, Representatives from the Massachusetts Society of Obstetrics and Gynecology; **Liam Hurley, MD**, Urology; **John Feldman, MD**, Urology

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.

Urology Medical Policies with Coverage Updates

- Axumin ® (fluciclovine F 18) for recurrent prostate cancer ([025](#))
 - New medical policy describing medically necessary and investigational indications. Effective 7/1/2018.
- Computed Tomography (CT) Abdomen and Pelvis Combination ([750](#))
 - Medically necessary criteria revised. Effective 9/5/2017. Based on AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of the Abdomen and Pelvis. Effective Date: September 5, 2017.
- CT Angiography (CTA) Abdomen and Pelvis Combination ([761](#))
 - Medically necessary criteria revised. Effective 9/5/2017. Based on AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of the Abdomen and Pelvis. Effective Date: September 5, 2017.
- CT Angiography (CTA) and MR Angiography (MRA) Pelvis ([765](#))
 - Medically necessary criteria revised. Effective 9/5/2017. Based on AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of the Abdomen and Pelvis. Effective Date: September 5, 2017.
- Computed Tomography (CT) Pelvis ([791](#))
 - Medically necessary criteria revised. Effective 9/5/2017. Based on AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of the Abdomen and Pelvis. Clarified coding information. Effective Date: September 5, 2017.
- Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer ([333](#))

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- BCBSA National medical policy review. Prostarix test removed from policy and policy statement. Effective 4/1/2018.
7. Prostatic Urethral Lift ([744](#))
 - BCBSA National medical policy review. New medically necessary indications described. Clarified coding information. Effective 6/1/2018.

Urology Medical Policies with no Coverage Updates

8. Biofeedback as a Treatment of Urinary Incontinence ([173](#))
9. Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds ([175](#))
10. Cellular Immunotherapy for Prostate Cancer ([268](#))
11. Computerized Tomography (CT) Scans ([009](#))
12. Cryosurgical ablation of the Prostate ([149](#))
13. Focal Treatments for Prostate Cancer ([733](#))
14. Gene Expression Analysis for Prostate Cancer Management ([670](#))
15. Incontinence Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence ([471](#))
16. Intensity Modulated Radiation Therapy (IMRT) of the Prostate ([090](#))
17. Magnetic Resonance: MRI, MRA, MRV, MRS; Positional MRI; Functional MRI ([106](#))
18. Medical Technology Assessment Investigational (Non-Covered) Services List ([400](#))
19. Nerve Graft in Association with Radical Prostatectomy ([590](#))
20. Pelvic Floor Stimulation as a Treatment of Urinary Incontinence and Fecal Incontinence ([470](#))
21. Percutaneous Tibial Nerve Stimulation ([583](#))
22. Radioimmunosciintigraphy Imaging (Monoclonal Antibody Imaging) with Indium-111 Capromab Pendetide (Prostascint®) for Prostate Cancer ([639](#))
23. Radioimmunosciintigraphy Imaging (Monoclonal Antibody Imaging) Using Technetium-99m Nofetumomab Merpentan (Verluma) ([640](#))
24. Sacral Nerve Neuromodulation/Stimulation ([153](#))
25. Saturation Biopsy for Diagnosis and Staging of Prostate Cancer ([307](#))
26. Sexual Dysfunction - Diagnosis and Therapy ([078](#))
27. Systems Pathology in Prostate Cancer ([250](#))
28. Transrectal Ultrasound for Staging Rectal Cancer ([679](#))
29. Transrectal Ultrasound of the Prostate ([680](#))
30. Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence ([523](#))
31. Tumor Markers for Diagnosis and Management of Cancer ([167](#))
32. Urinary Tumor Markers for Bladder Cancer ([502](#))

Urology Pharmacy Policies with Coverage Updates

33. Oncology Drugs ([409](#))
 - Updated to include new indication for Verzenio. 5/2018
 - Updated to include Verzenio and new indications for Lynparza. 2/2018
 - Updated for new indications of Alecensa® and Zelboraf™. 1/2018
34. Overactive Bladder Medications: Detrol/LA (tolterodine); Ditropan/XL (oxybutynin); Enablex (darifenacin); oxybutynin/ER; Sanctura/XR (trospium); Toviaz (fesoterodine); VESIcare (solifenacin) ([170](#))
 - Updated to add Myrbetriq™ to Step2 of Policy.

Urology Pharmacy Policies with no Coverage Updates

35. Benign Prostatic Hyperplasia (BPH) - Prescription Drug Step Therapy: Avodart (Dutasteride) Finasteride; Proscar (Finasteride) ([040](#))
36. Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension ([919](#))

Obstetrics/Gynecology Medical Policies with Coverage Updates

37. Assisted Reproductive Services (Infertility Services) ([086](#))
 - Medically necessary criteria on all frozen embryos clarified. Frozen embryo transfer not covered indications clarified. 9/1/2017
38. Computed Tomography (CT) Abdomen and Pelvis Combination ([750](#))
 - Medically necessary criteria revised. Effective 9/5/2017. Based on AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of the Abdomen and Pelvis. Effective Date: September 5, 2017.
39. CT Angiography (CTA) Abdomen and Pelvis Combination ([761](#))

- Medically necessary criteria revised. Effective 9/5/2017. Based on AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of the Abdomen and Pelvis. Effective Date: September 5, 2017.
- 40. CT Angiography (CTA) and MR Angiography (MRA) Pelvis ([765](#))
 - Medically necessary criteria revised. Effective 9/5/2017. Based on AIM Clinical Appropriateness Guidelines: Advanced Imaging Appropriate Use Criteria: Imaging of the Abdomen and Pelvis. Effective Date: September 5, 2017.
- 41. Carrier Screening for Genetic Diseases ([666](#))
 - Medically necessary criteria revised. Effective 12/1/2017.
- 42. Genetic Testing for Hereditary Breast and/or Ovarian Cancer ([245](#))
 - BCBSA National medical policy review. First medically necessary policy statement updated to reflect changes to NCCN recommendation. Effective 4/1/2018.
- 43. Magnetic Resonance Imaging–Targeted Biopsy of the Prostate ([747](#))
 - BCBSA National medical policy review. New medically necessary indications described. Effective 1/1/2018.
- 44. Mineral Density Studies ([450](#))
 - BCBSA National medical policy review. New medically necessary and investigational indications described. Policy statements edited to clarify that central dual x-ray absorptiometry (DXA) is medically necessary and other methods of measurement are investigational. Clarified coding information. Effective 8/1/2017.
- 45. MRI-Guided Focused Ultrasound - MRgFUS ([243](#))
 - Local Coverage Determination (LCD): Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor (L37421) added. Effective 4/1/2018.
- 46. Obstetrical Ultrasound and Ultrasound for Family Planning ([007](#))
 - New medically necessary indications from 2016 ACOG Practice Bulletin No. 175: Ultrasound in Pregnancy added. Effective 2/1/2018.
- 47. Plastic Surgery: Reconstructive and Cosmetic Services (Reconstruction after Mastectomy) ([068](#))
 - Medically necessary criteria for tattooing of the areola as part of nipple reconstruction clarified. Not medically necessary tattoo removal or application criteria clarified. 9/1/2017
- 48. Use of Common Genetic Variants to Predict Risk of Nonfamilial Breast Cancer ([252](#))
 - BCBSA National medical policy review. Policy clarified, polymorphisms changed to “variants.” OncoVue removed from the policy; it is no longer commercially available. 12/1/2017

Obstetrics/Gynecology Medical Policies with no Coverage Updates

49. Acute and Maintenance Tocolysis ([518](#))
50. Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer ([055](#))
51. Breast Duct Endoscopy ([493](#))
52. Chromosomal Microarray Testing for the Evaluation of Early Pregnancy Loss ([686](#))
53. Computer-Aided Evaluation of Malignancy with Magnetic Resonance Imaging of the Breast ([578](#))
54. Computerized Tomography (CT) Scans ([009](#))
55. Endometrial Ablation ([331](#))
56. Epithelial Cell Cytology in Breast Cancer Risk Assessment and High-Risk Patient Management (Ductal Lavage and Suction Collection Systems) ([492](#))
57. Fetal MRI ([770](#))
58. Fetal RHD Genotyping Using Maternal Plasma ([667](#))
59. Genetic Testing for CHARGE Syndrome ([540](#))
60. Genetic Testing for CHEK2 Mutations for Breast Cancer ([741](#))
61. Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins during Breast-Conserving Surgery ([546](#))
62. Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer ([204](#))
63. Home Uterine Activity Monitoring ([043](#))
64. Invasive Prenatal (Fetal) Diagnostic Testing ([708](#))
65. Laparoscopic and Percutaneous Techniques for the Myolysis of Uterine Fibroids ([244](#))
66. Magnetic Resonance Imaging (MRI) Breast ([774](#))
67. Magnetic Resonance Imaging (MRI) Pelvis ([781](#))
68. Medical Technology Assessment Investigational (Non-Covered) Services List ([400](#))

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69. Multimarker Serum Testing Related to Ovarian Cancer ([249](#))
70. Multitarget Polymerase Chain Reaction Testing for Diagnosis of Bacterial Vaginosis ([711](#))
71. Non-BRCA Breast Cancer Risk Assessment - e.g., OncoVue ([188](#))
72. Occlusion of Uterine Arteries Using Transcatheter Embolization or Laparoscopic Occlusion to Treat Uterine Arteries ([242](#))
73. Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome ([266](#))
74. Preimplantation Genetic Testing ([088](#))
75. Radioimmunosintigraphy Imaging (Monoclonal Antibody Imaging) Using In-111 Satumomab Pendetide (OncoScint) or Tc-99m Arcitumomab (IMMU-4, CEA-Scan ([638](#)))
76. Radioimmunosintigraphy Imaging (Monoclonal Antibody Imaging) Using Technetium-99m Nofetumomab Merpentan (Verluma) ([640](#))
77. Reduction Mammoplasty for Breast-Related Symptoms ([703](#))
78. Reconstructive Breast Surgery/Management of Breast Implants ([428](#))
79. Scintimammography-Breast-Specific Gamma Imaging-Molecular Breast Imaging ([494](#))
80. Serum Biomarker Human Epididymis Protein 4 (HE4) ([290](#))
81. Sequencing-based Tests to Determine Trisomy 21 from Maternal Plasma DNA ([628](#))
82. Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea ([570](#))
83. Testing Serum Vitamin D Levels ([746](#))
84. Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence ([523](#))
85. Vertebral Fracture Assessment with Densitometry ([449](#))

Obstetrics/Gynecology Pharmacy Policies with Coverage Updates

n/a

Obstetrics/Gynecology Pharmacy Policies with no Coverage Updates

86. Addyi ([131](#))
87. Intravenous Immunoglobulin (for recurrent fetal loss; recurrent spontaneous abortion) ([310](#))
88. Progesterone Therapy as a Technique to Reduce Preterm Birth in High-Risk Pregnancies ([552](#))

Topics for discussion

E-Blue Review (EBR) Comments
Emerging Medical Technologies

2018 Medical Policy Group meeting Schedule

For questions: EBR@bcbsma.com

| Specialty | Date | Time | Room |
|---|---------------------------|-----------------|-------------|
| Neurology and Neurosurgery | January 30, 2018 | 12 –2 PM | 12-I |
| Hematology and Oncology | February 27, 2018 | 9-11 AM | 12-I |
| Allergy and ENT/Otolaryngology | March 27, 2018 | 12 –2 PM | 12-I |
| Cardiology and Pulmonology | April 24, 2018 | 12 –2 PM | 12-I |
| Pediatrics and Endocrinology | May 29, 2018 | 12 –2 PM | 12-I |
| Orthopedics, Rehabilitation Medicine and Rheumatology | June 26, 2018 | 12 –2 PM | 12-I |
| Psychiatry and Ophthalmology | July 31, 2018 | 12 –2 PM | 12-I |
| Urology and Obstetrics/Gynecology | September 25, 2018 | 12 –2 PM | 12-I |
| Gastroenterology, Nutrition and Organ Transplantation | October 30, 2018 | 12 –2 PM | 12-I |
| Plastic Surgery and Dermatology | November 27, 2018 | 12 –2 PM | 12-I |

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