

[Policy Review Information](#)

[Preventive Services Information](#)

What's New: 8/15/2020

New and Revised MCGs:	MCG Number	
1. Allergy Testing and Immunotherapy	01-95000-01	Scheduled review. Revised list of allergy tests considered E/I. Updated references.
2. Apheresis, Plasmapheresis and Plasma Exchange	02-33000-17	Unscheduled review. Maintained position statement and updated references.
3. Balloon Ostial Dilatation (Balloon Sinuplasty) and Implantable Devices	02-31000-01	Review; no change to position statement. Deleted J7401 from reimbursement information. Updated references.
4. Bendamustine HCl Injection	09-J2000-40	Review and revision to guideline consisting of updating the position statement, billing/coding, related guidelines, and references.
5. Bevacizumab Products	09-J0000-66	Review and revision to guideline; consisting of updating the position statement, description, dosing and references.
6. Bio-Engineered Skin and Soft Tissue Substitutes, Amniotic Membrane and Amniotic Fluid	02-10000-11	Revision; coding section updated.
7. Brentuximab (Adcetris) Injection	09-J1000-53	Review and revision to guideline; consisting of updating position statement and references.
8. Canakinumab (Ilaris) Injection	09-J2000-03	Revision to guideline; consisting of updating position statement, description, dosing, coding and references.
9. Chelation Therapy	01-99000-07	Scheduled review. Maintained position statement. Revised description, ICD10 coding, and definitions. Updated references.

10. Computed Tomography Angiography (CTA) Abdomen and Pelvis	04-70450-04	Review/revision. Revised and expanded criteria for CTA (abdomen/pelvis, abdomen and pelvis).
11. Computed Tomography Angiography (CTA) Chest (non coronary)	04-70450-07	Review/revision. Revised and expanded criteria for CTA chest (non coronary). Updated references.
12. Computed Tomography Angiography (CTA) Lower Extremity	04-70450-09	Review/revision. Revised and expanded criteria for vascular disease/condition. Added indication and criteria for: popliteal artery entrapment syndrome, deep venous thrombosis (DVT), vascular disease, hemodialysis graft dysfunction and traumatic injuries. Revised criteria for post-operative/procedural evaluation. Updated references.
13. Computed Tomography Angiography (CTA) Upper Extremity	04-70450-08	Review/revision. Revised and expanded criteria for vascular disease/condition. Added indication and criteria for: hand ischemia, deep venous thrombosis (DVT) or embolism, vascular disease, traumatic injuries and hemodialysis graft dysfunction. Revised criteria for pre-operative/procedural evaluation. Updated references.
14. Durable Medical Equipment (DME)	09-E0000-01	Update to DME Table; added ReWalk.
15. Endovascular Stent Grafts for Abdominal Aortic Aneurysms	02-33000-22	Review; position statements maintained and references updated.
16. Endovascular Stent Grafts for Disorders of the Thoracic Aorta	02-33000-29	Review; position statements maintained and references updated.
17. External Counterpulsation (ECP)	01-93000-26	Review; position statements maintained and references updated.
18. Extracranial Carotid Angioplasty Stenting	02-33000-28	Review; position statements maintained and references updated.
19. FDG-SPECT	04-78000-15	Review; no change in position statement. Updated references.
20. Givosiran (Givlaari) SQ	09-J3000-60	Review and revision to guideline including updating the position statement.

21. Gonadotropin Releasing Hormone Analogs and Antagonists	09-J0000-48	Revision to guideline consisting of update to the position statement, dosage/administration, precautions, coding/billing, and references based on the FDA approval of Fensolvi.
22. Hepatitis C Drug Therapy	09-J0000-53	Updated position statement.
23. Human EGFR Inhibitors (Cetuximab [Erbix], Panitumumab [Vectibix])	09-J0000-94	Review and revision to guideline; consisting of updating the position statement and references.
24. Ibrutinib (Imbruvica)	09-J2000-09	Review and revision to guideline consisting of updating the description section, position statement, related guidelines, and references.
25. Implantable Cardioverter Defibrillators	02-33000-34	Review; Adult primary prevention criteria updated and references updated.
26. Investigational Services	09-A0000-03	Added code T1505.
27. Medical & Surgical Management of Sleep Apnea, Snoring, and Other Conditions of the Soft Palate and Nasal Passages	02-40000-16	Review; hypoglossal nerve stimulation position statement updated; all other position statements maintained; coding and references updated.
28. Minimally Invasive Fusion Techniques	02-61000-36	Scheduled review. Revised description and position statement. Updated references.
29. Multiple Gated Acquisition Scan (MUGA)	04-78000-21	Review/revision. Revise and expand indication and criteria for MUGA scan. Delete combination studies. Updated references.
30. Nab-Paclitaxel Injection (Abraxane)	09-J1000-05	Review and revision to guideline; consisting of updating position statement. description, coding and references.
31. Non-Covered Services	09-A0000-00	Deleted codes 92015, E1031, E1035, E1036, E0705, V2744.
32. Obeticholic Acid (Ocaliva) Tablet	09-J2000-65	Review and revision to guideline consisting of updating the position statement and references.
33. Obinutuzumab (Gazyva) Injection	09-J2000-07	Review and revision to guideline consisting of updating the position statement, precautions, related guidelines, and references.

34. Pembrolizumab (Keytruda) Injection	09-J2000-22	Review and revision to guideline; consisting of updating position statement, description, dosing, coding and references.
35. Positive Airway Pressure Devices	09-E0000-21	Review; Position statements, description, and references updated.
36. Sleep Testing	01-95828-01	Review; Position statements and references updated.
37. Teprotumumab (Tepezza) Infusion	09-J3000-64	Revision to guidelines consisting of the position statement
38. Tofacitinib (Xeljanz, Xeljanz XR) Tablets	09-J1000-86	Revision to guideline consisting of updating the position statement.
39. Tolvaptan (Jynarque) Tablet	09-J3000-09	Review and revision to guideline consisting of updating the position statement and references.
40. Transcutaneous Electric Nerve Stimulation (TENS)	02-61000-04	Scheduled review. Added coverage criteria for replacement units, Updated references.
41. Ventricular Assist Devices and Total Artificial Hearts	02-33000-25	Scheduled review. Revised description. Maintained position statement and updated references.

Medical Coverage Guidelines (MCG) for the following oral oncology medications have been consolidated to a single MCG:

[09-J3000-65, Oral Oncology Medications](#)

A complete list of previous oral oncology MCGs that have been consolidated is shown below.

Generic/Brand	MCG Number	Generic/Brand	MCG Number
Abemaciclib (Verzenio)	09-J2000-93	Lenvatinib (Lenvima)	09-J2000-38
Acalabrutinib (Calquence)	09-J2000-94	Lorlatinib (Lorbrena)	09-J3000-23
Afatinib (Gilotrif)	09-J2000-06	Midostaurin (Rydapt)	09-J2000-86
Alectinib (Alecensa)	09-J2000-56	Neratinib (Nerlynx)	09-J2000-83
Alpelisib (Piqray)	09-J3000-42	Niraparib (Zejula)	09-J2000-77

Apalutamide (Erleada)	09-J3000-03	Olaparib (Lynparza)	09-J2000-32
Avapritinib (Ayvakit)	09-J3000-63	Osimertinib (Tagrisso)	09-J2000-55
Axitinib (Inlyta)	09-J1000-67	Palbociclib (Ibrance)	09-J2000-34
Binimetinib (Mektovi)	09-J3000-20	Panobinostat (Farydak)	09-J2000-37
Brigatinib (Alunbrig)	09-J2000-84	Pazopanib (Votrient)	09-J1000-49
Ceritinib (Zykadia)	09-J2000-17	Pexidartinib (Turalio)	09-J3000-47
Cobimetinib (Cotellic)	09-J2000-53	Pomalidomide (Pomalyst)	09-J1000-95
Crizotinib (Xalkori)	09-J1000-57	Ponatinib (Iclusig)	09-J1000-89
Dabrafenib (Tafinlar)	09-J2000-00	Regorafenib (Stivarga)	09-J1000-83
Dacomitinib (Vizimpro)	09-J3000-18	Rucaparib (Rubraca)	09-J2000-72
Darolutamide (Nubeqa)	09-J3000-50	Ruxolitinib (Jakafi)	09-J1000-63
Dasatinib (Sprycel)	09-J1000-43	Selinexor (Xpovio)	09-J3000-44
Duvelisib (Copiktra)	09-J3000-14	Sonidegib (Odomzo)	09-J2000-45
Enasidenib (Idhifa)	09-J2000-90	Sorafenib (Nexavar)	09-J1000-50
Encorafenib (Braftovi)	09-J3000-19	Sunitinib Malate (Sutent)	09-J1000-51
Entrectinib (Rozlytrek)	09-J3000-48	Talazoparib (Talzenna)	09-J3000-21
Enzalutamide (Xtandi)	09-J1000-85	Trametinib (Mekinist)	09-J1000-99
Erdafitinib (Balversa)	09-J3000-31	Tretinoin Oral	09-J1000-61
Gefitinib (Iressa)	09-J2000-44	Trifluridine-Tipiracil (Lonsurf)	09-J2000-46
Gilteritinib (Xospata)	09-J3000-28	Vandetanib (Caprelsa)	09-J1000-38
Glasdegib (Daurismo)	09-J3000-27	Vemurafenib (Zelboraf)	09-J1000-40
Idelalisib (Zydelig)	09-J2000-23	Venetoclax (Venclexta)	09-J2000-64
Ivosidenib (Tibsovo)	09-J3000-13	Vismodegib (Erivedge)	09-J1000-66
Lapatinib (Tykerb)	09-J1000-47	Vorinostat (Zolinza)	09-J1000-54
Larotrectinib (Vitrakvi)	09-J3000-25	Zanubrutinib (Brukinsa)	09-J3000-62
Lenalidomide (Revlimid)	09-J0000-80		

Policy Review Information

Submit new information relevant to a policy when next reviewed by Florida Blue to:

Florida Blue Medical Policy Area

4800 Deerwood Campus Parkway

Building 900, 5th floor

Jacksonville, FL 32246-8273

Preventive Services Information

Preventive services include a broad range of services (including screening tests, counseling, and immunizations/vaccines). Florida Blue has adopted the U.S. Preventive Services Task Force (USPSTF) Guide to Clinical Preventive Services: [childhood and adolescent immunization schedule approved by: the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP); adult immunization schedule approved by: the Advisory Committee on Immunization Practices (ACIP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP)].

[Centers for Disease Control and Prevention \(CDC\)](#) (recommended vaccines and immunizations).

[Guide to Clinical Preventive Services](#) (recommendations made by the **USPSTF** for clinical preventive services).