

MEDICAL POLICY UPDATE

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Policy

| Policy Titles | Anticipated Issue Date | 30 Day Notification Information |
|---|------------------------|--|
| B-1 - Coverage for Hearing Aids | 06/03/2024 | This policy is DE only. Language recommended from Legal has been added to the policy. |
| B-13 - Chiropractic Therapy | 06/03/2024 | This is a DE only policy. Mandate language has been updated. Criteria has been listed to align with updated mandate language. This policy will publish June 3, 2024. |
| E-9 - Non-Custom/Custom-Made Gradient Compression Garment | 07/08/2024 | This policy is scheduled for annual review. Policy will publish on July 8, 2024. |
| E-17 - Portable External Infusion Pump | 07/15/2024 | This policy is scheduled for annual review. There are no indications for a change in coverage at this time. The policy will publish on July 15, 2024. |
| E-46 - Electrical Stimulation Devices for the Treatment | 07/15/2024 | This policy is scheduled for annual review. The policy will publish on July 15, 2024. |
| E-52 - Home Cervical Traction Therapy | 07/15/2024 | This policy is scheduled for annual review. There are no indications for a change in coverage at this time. This policy will publish on July 15, 2024. |

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| I-21 - Trastuzumab (Herceptin), Trastuzumab Biosimilars, and Trastuzumab and Hyaluronidase-oysk (Herceptin Hylecta) | 06/03/2024 | This policy is being revised to establish criteria for the recently FDA approved biosimilar trastuzumab-strf (Hercessi). Hercessi is being added to policy as a non-preferred trastuzumab biosimilar. Policy will publish on June 3, 2024. |
| I-26 - Autologous Cellular Immunotherapy for Prostate C | 07/15/2024 | This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish July 15, 2024. |
| I-36 - Palonosetron Hydrochloride (Aloxi®) | 07/22/2024 | This policy is scheduled for annual review. Policy update includes addition of diagnosis codes. Policy will publish July 22, 2024. |
| I-41 - Carfilzomib (Kyprolis®) | 07/08/2024 | This policy is scheduled for annual review. Policy update includes language revisions. Policy will publish July 8, 2024. |
| I-53 - Omalizumab (Xolair®) | 07/08/2024 | This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on July 8, 2024. |
| I-79 - Plerixafor (Mozobil™) | 07/08/2024 | This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish July 8, 2024. |
| I-83 - Velcade® (bortezomib) | 07/08/2024 | This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish July 8, 2024. |
| I-146 - Monoclonal Antibodies for the Treatment of Asthma and Eosinophilic Conditions | 07/08/2024 | This policy is up for annual review. Criteria for Fasentra was updated to include FDA expanded indication for individuals 6 years of age or older. Denial statements were updated to not medically necessary. Policy will publish on July 8, 2024. |
| I-152 - Exondys 51 (Eteplirsen) | 07/08/2024 | This policy is up for annual review. There are no indications for a change in coverage at this time; will remain experimental/investigational. Additional medications from I-194, I-232 and I-236 will be added to the policy. Policy will publish on July 8, 2024. |
| | 07/15/2024 | This policy is scheduled for annual review. There is no indication for change |

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| I-173 - Radicava (edaravone) | | in coverage. Policy will publish July 15, 2024. |
| I-180 - Chimeric Antigen Receptor T-Cell Therapy | 06/03/2024 | Updates for this policy include addition of expanded indications for Abecma and Carvykti, also a policy annual review. Policy will publish June 3, 2024. |
| I-191 - Aliqopa | 07/08/2024 | This policy is recommended for archive due to voluntary withdrawal from market by the manufacturer. Policy will publish July 8, 2024. |
| I-194 - Vyondys 53 (Golodirsen) | 07/08/2024 | This policy is up for annual review. Policy will be archived, and criteria moved to I-152 which will be the new comprehensive Treatments for Duchenne Muscular Dystrophy policy. Policy will archive on July 8, 2024. |
| I-202 - Mogamulizumab-kpkc (Poteligeo) | 07/15/2024 | This policy is scheduled for annual review. Policy update includes minor language revisions. There is no indication for change in coverage. Policy will publish July 15, 2024. |
| I-217 - Polatuzumab vedotin-piiq (Polivy) | 07/08/2024 | This policy is scheduled for annual review. Policy update includes minor language revision. Policy will publish July 8, 2024. |
| I-219 - fam-trastuzumab deruxtecan-nxki (Enhertu) | 06/03/2024 | This policy has been revised to include criteria for the new FDA approved indication of the treatment of adult patients with unresectable or metastatic HER2-positive solid tumors who have received prior systemic therapy and have no satisfactory alternative treatment options. Policy will publish on June 3, 2024. |
| I-226 - Tafasitamab-cxix (Monjuvi) | 07/22/2024 | This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish July 22, 2024. |
| I-232 - Vitrolarsen (Viltepso) | 07/08/2024 | This policy is up for annual review. Policy will be archived, and criteria moved to I-152 which will be the new comprehensive Treatments for Duchenne Muscular Dystrophy policy. Policy will archive on July 8, 2024. |
| | 07/08/2024 | This policy is up for annual review. Policy will be archived, and criteria moved to I- |

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| I-236 - Casimersen (Amondys-45) | | 152 which will be the new comprehensive Treatments for Duchenne Muscular Dystrophy policy. Policy will archive on July 8, 2024. |
| I-239 - Trilaciclib (Cosela) | 07/22/2024 | This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish July 22, 2024. |
| I-245 - Anifrolumab-fnia (Saphnelo) | 07/22/2024 | This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish July 22, 2024. |
| I- 269 - Delandistrogene moxeparovec | 07/08/2024 | This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on July 8, 2024. |
| I-285 - Fidanacogene elaparovec-dzkt (Beqvez) | 06/03/2024 | This is a new policy for the recently FDA approved gene therapy Beqvez for the treatment of hemophilia B. Policy will publish on June 3, 2024. |
| M-86 - Digital Diagnostics | 07/08/2024 | This policy is being updated to include criteria for GoCheck Kids. This policy will publish on July 8, 2024. |
| MA I-52 - Palonosetron Hydrochloride (Aloxi) | 07/22/2024 | This policy is scheduled for annual review. Policy updates include language revisions and addition of diagnosis codes. Policy will publish July 22, 2024. |
| MA I-57 - Carfilzomib (Kyprolis) | 07/08/2024 | This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish July 8, 2024. |
| MA I-79 - Plerixafor (Mozobil) | 07/08/2024 | This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish July 8, 2024. |
| MA I-83 - Velcade (bortezomib) | 07/08/2024 | This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish July 8, 2024. |
| MA I-173 - Radicava (edaravone) | 07/15/2024 | This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish July 15, 2024. |

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| MA I-191 - Aliqopa | 07/08/2024 | This policy is recommended for archive due to voluntary withdrawal from market by the manufacturer. Policy will publish July 8, 2024. |
| MA I-202 - Mogamulizumab-kpkc (Poteligeo) | 07/15/2024 | This policy is scheduled for annual review. Policy update includes minor language revisions. There is no indication for change in coverage. Policy will publish July 15, 2024. |
| MA I-217 - Polatuzumab vedotin (Polivy) | 07/08/2024 | This policy is scheduled for annual review. Policy update includes language revision. There is no indication for change in coverage. Policy will publish July 8, 2024. |
| MA I-233 - Tafasitamab-cxix (Monjuvi) | 07/22/2024 | This policy is scheduled for annual review. Updates include language revisions. There is no indication for change in coverage. Policy will publish July 22, 2024. |
| MA I-246 - Trilaciclib (Cosela) | 07/22/2024 | This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish July 22, 2024. |
| MA I-252 - Anifrolumab-fnia (Saphnelo) | 07/22/2024 | This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish July 22, 2024. |
| O-8 - Braces and Supports | 07/08/2024 | This is an annual review. Criteria is being revised and coding updated. This policy will publish on July 8, 2024. |
| R-18 - Proton Beam Radiation Therapy Treatment Delivery | 06/03/2024 | New policy applicable to NY only for proton Beam Therapy. The procedure codes are on the prior authorization list (PAL). No DLPS coding required. Policy will publish June 3, 2024. |
| R-94 - Lutetium Lu 177 dotatate (Lutathera) | 06/03/2024 | This is a new policy for Lutathera for NY only. Policy criteria reflects recent FDA approved expanded indication for individuals as young as 12 for the treatment of somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors. Policy will publish on June 3, 2024. |

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| S-264 - Acellular Dermal Matrix Grafts instead of Arthrex bovine collagen | 07/15/2024 | This policy is scheduled for annual review. The policy will publish on July 15, 2024. |
| S-327 - Percutaneous Creation of Arteriovenous Fistula | 07/01/2024 | This policy was created to provide medically necessary criteria for percutaneous creation of an arteriovenous fistula for dialysis access for selected patients with advanced chronic kidney disease (CKD) or end-stage renal disease (ESRD) requiring hemodialysis. This policy will publish on July 1, 2024. |
| S-328 - Knee Surgery: Meniscal Allograft Transplantation | 06/03/2024 | This new policy is being created to establish coverage in NY for meniscal allograft transplantation. The policy is set to publish on June 3, 2024. |
| S-329 - Knee Surgery: Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions | 06/03/2024 | This new policy is being created to apply coverage to NY for Knee Surgery: Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions. This policy is set to publish on June 3, 2024. |
| V-21 - Physician Certification and Recertification of H | 07/08/2024 | This policy is for an annual review. There are no changes to criteria. This policy will publish on July 8, 2024. |
| V-23 - Temporomandibular Joint (TMJ) Dysfunction | 07/22/2024 | Mechanical section of the policy updated. Procedure codes 20605, 20606 to post-pay. This policy will publish on July 1, 2024. |
| Z-11 - Definition of Medical Necessity | 07/22/2024 | This policy is scheduled for annual review. Administrative updates have been made. This policy will publish on July 22, 2024. |
| Z-27 - Eligible Providers and Supervision Guidelines | 07/08/2024 | This policy is an annual review. Language describing eligible providers has been revised. This policy will publish on July 8, 2024. |
| Z-101 - CHIP – Medical Necessity Definition | 07/22/2024 | This policy is scheduled for annual review. Administrative updates have been made. This policy will publish on July 22, 2024. |



Knee Surgery Title Changes for June 3, 2024



Previously Highmark Blue Cross Blue Shield reported two titles being released for coverage as:

- A-0216 Meniscal Allograft Transplant
- A-0506 Osteochondral Allograft

The new titles will respectively be:

- Knee Surgery: Meniscal Allograft Transplantation
- Knee Surgery: Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions

These titles for Medical Policy will apply to professional providers and/or facility claims. The effective date is June 03, 2024.

Reminder: Cardiology & Radiology Coverage Guideline Update



Highmark Blue Cross Blue Shield is providing a reminder to all providers.

The Cardiology & Radiology coverage guideline will be updated and take effect August 1, 2024. This applies to both professional provider and facility claims.

The changes to the Cardiology & Radiology guidelines are indicated below:

Cardiac Imaging Guidelines:

| Section Name | Section Number/Policy Number | Summary of change |
|---|------------------------------|--|
| Transthoracic Echocardiography (TTE) Indications/initial evaluation | CD 2.2 | Added indication at risk for developing iron-overload cardiomyopathy |
| Transthoracic Echocardiography (TTE) Indications/initial evaluation | CD 2.2 | One repeat echo can be approved if requested for contrast study |
| Frequency of Echocardiography Testing | CD 2.3 | Added indication Echo every year for bioprosthetic valve replacement ≥ 10 years since implant |

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| Frequency of Echocardiography Testing | CD 2.3 | Added indication Echo every year for Frequent right ventricular pacing >40% |
| Frequency of Echocardiography Testing | CD 2.3 | Added indication Echo every year for Chronic LBBB |
| Frequency of Echocardiography Testing | CD 2.3 | Added indication Echo every year for At risk for developing iron-overload cardiomyopathy |
| Transesophageal Echocardiography (TEE) | CD 2.5 | Added indication TEE prior to LVAD implant |
| 3D Echocardiography | CD 2.9 | Added indication 3D Echo prior to LVAD implant |
| 3D Predictive model generation for pre-planning of cardiac procedure | CD 4.9 | New CPT code C9793 added criteria experimental, investigational or unproven. |
| Cardiac MRI and MRA Chest – Indications (excluding Stress MRI) | CD 5.2 | Added indication Cardiac MRI, Flow velocity mapping and Chest MRA prior to LVAD implant |
| Diagnostic Left Heart Catheterization | Angiography Derived Fractional Flow Reserve CD 7.3.6 | New CPT code C7557 added criteria experimental, investigational or unproven. |
| Right Heart Catheterization and Right and Left Heart Catheterization without Coronary Angiography | CD 7.4 | Added indication right and left heart catheterization prior to LVAD implant |
| Right Heart Catheterization and Right and Left Heart Catheterization without Coronary Angiography | CD 7.4 | Added indication right and left heart catheterization post LVAD implant as needed for hemodynamic assessment to guide changes to therapy |
| Planned (Staged) Procedures | CD 7.6 | Added criteria repeat complete diagnostic left heart catheterization is not medically necessary for the purpose of coronary artery lesion assessment |
| Congestive Heart Failure | Left ventricular assist devices (LVAD) CD 9.4 | Added indication TEE prior to LVAD implant |
| Congestive Heart Failure | Left ventricular assist devices (LVAD) CD 9.4 | Added indication 3D Echo prior to LVAD implant |
| Congestive Heart Failure | Left ventricular assist devices (LVAD) CD 9.4 | Added indication Cardiac MRI, Flow velocity mapping and Chest MRA prior to LVAD implant |

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| Congestive Heart Failure | Left ventricular assist devices (LVAD) CD 9.4 | Added imaging indication prior to LVAD implant: CT or CTA or MRI or MRA Chest |
| Congestive Heart Failure | Left ventricular assist devices (LVAD) CD 9.4 | Added imaging indication prior to LVAD implant: CTA or MRA Abdomen and pelvis |
| Congestive Heart Failure | Left ventricular assist devices (LVAD) CD 9.4 | Added imaging indication prior to LVAD implant CT coronary angiography in individuals post CABG |
| Congestive Heart Failure | Left ventricular assist devices (LVAD) CD 9.4 | Added indication right and left heart catheterization prior to LVAD implant |
| Congestive Heart Failure | Left ventricular assist devices (LVAD) CD 9.4 | Added indication right and left heart catheterization post LVAD implant as needed for hemodynamic assessment to guide changes to therapy |

There are an additional 10 cardiac imaging coverage guidelines that criteria were changed with no impacts including administrative updates, content edits, and background updates.

General Oncology Imaging Guidelines:

| Section Name | Section Number/Policy Number | Summary of change |
|---|------------------------------|--|
| Small Cell Lung Cancer - Surveillance | ONC-7.4 | Updated timeframe for MRI brain for screening for brain metastases |
| Esophageal Cancer - Surveillance | ONC-9.4 | Updated timeframe for surveillance of stage IB esophageal cancer |
| Breast Cancer - Initial Work-up/Staging | ONC-11.2 | Updated criteria to allow lymph system imaging for planned sentinel lymph node biopsy for stage III |
| Breast Cancer - Restaging/Recurrence | ONC-11.3 | Added indications for use of PET/CT with fluoroestradiol radiotracer for metastatic breast cancer |
| Soft Tissue Sarcoma - Surveillance | ONC-12.4 | Updated surveillance timeframes and modalities for various histologies of soft tissue sarcoma |
| Gastrointestinal Stromal Tumor (GIST) | ONC-12.5 | Updated surveillance - added general information describing risk stratification and updated timeframe for surveillance of high-risk, metastatic or incompletely resected disease |
| Colorectal cancer - Surveillance | ONC-16.4 | Updated criteria for MRI/US for surveillance of rectal cancer |
| Cervical Cancer - Initial staging | ONC-23.2 | Updated criteria for MRI for initial staging of cervical cancer |
| Cervical Cancer - Restaging | ONC-23.3 | Updated criteria for MRI pelvis for restaging cervical cancer |
| T Cell Lymphomas | ONC-27.8 | Added criteria for breast implant-associated ALCL |

There are an additional 21 cardiac imaging coverage guidelines that criteria were changed with no impacts including administrative updates, content edits, and background updates.

Spine Imagine Guidelines:

There are 4 spine imaging coverage guidelines that criteria were changed with no impacts including administrative updates, content edits, and background updates.

If you wish to see the updates prior to the implementation date, please go to eviCore website under the Future tab for Cardiology & Radiology utilizing the following pathway:

- Provider Resource Center > Medical Policy Search > Medical Policies > EVICORE CLINICAL GUIDELINES (top blue bar) > EVICORE CLINICAL GUIDELINES (body of page) > Access Guidelines > Select appropriate Cardiology & Radiology > *Search Health Plan* by typing in Highmark > Click on Highmark and then click on magnifying glass > Click on FUTURE > Select appropriate guideline.



Comments on These Medical Policies?

We want to know what you think about our new medical policy changes. Send us an email with any questions or comments that you may have on the new medical policies in this edition of Medical Policy Update.

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About this Newsletter

Medical Policy Update is a monthly newsletter for the health care providers who participate in our networks and submit claims to Highmark using the appropriate HIPAA transactions or claim forms as required by Highmark. This publication focuses only on medical policy and claims administration updates, including coding guidelines and procedure code revisions, and is the sole source for this information. For all other news, information, and updates, be sure to read *Provider News*, available on the Provider Resource Center.

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