

MEDICAL POLICY UPDATE



December 2021



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Policy

Policy Title	Anticipated Issue Date	30 Day Notification Information
E-6 - Wheelchairs and Options/Accessories	1/31/2022	This is the annual review, no change in coverage. It will publish 1/31/2022.
G-20 - Actinic Keratosis	1/31/2022	Annual review. G-20 is being archived. Coverage criteria is being added to S-36 Treatment of Benign or Premalignant Skin Conditions.
G-24 - Obesity	3/28/2022	This is the annual review of medical policy G-24 Obesity. New criteria for laparoscopic adjustable gastric has been established and coding was updated. This policy will publish on March 28, 2022.
I-180 Chimeric Antigen Receptor T-Cell Therapy	1/31/2022	The language on this policy was updated to include new drugs. The policy will publish on January 31, 2022.
M-85 - Electromagnetic Navigational Bronchoscopy	1/31/2022	Annual Review. No change in coverage.
O-16 - Parenteral Nutrition	1/31/2022	This is the annual review of medical policy O-16 Parenteral Nutrition. Language and coding updates were performed. The policy will publish on January 31, 2022.
S-144 - Islet Cell Transplantation	1/31/2022	This policy is scheduled for annual review. Literature review does not indicate a need for any change in coverage at this time. This policy is due to publish on 1/31/2022.

Policy Title	Anticipated Issue Date	30 Day Notification Information
S-186 - Magnetic Resonance Imaging (MRI)-Guided Focused Ultrasound Surgery (MRgFUS)	1/31/2022	Annual Review. No change in coverage.
S-196 - Saturation Biopsy for Diagnosis and Staging of Prostate Cancer	1/31/2022	This policy is scheduled for annual review. NCCN does not mention saturation biopsy for their prostate cancer guidelines, so the professional statement was deleted from the policy. Policy to publish on 1/31/2022.
S-201 - Balloon Ostial Dilatation of the Sinus and Implantable Sinus Stents	1/31/2022	Annual review. Language updated. No change in coverage criteria.
S-206 - Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma	1/31/2022	This policy is scheduled for annual review. Minimal policy reorganization was completed. It is in line with NCCN guidelines. There are no indications for a change in criteria or coverage at this time. This policy is scheduled to publish on 1/31/2022.
S-209 - Allogeneic Hematopoietic Cell Transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms	1/31/2022	This policy is scheduled for annual review. This policy is in line with NCCN guidelines. The description of the policy has been updated as well as the professional statements from the NCCN. This policy is set to publish for 01/31/2022.
S-219 - Autologous Hematopoietic Stem-Cell Transplant	1/31/2022	This policy is up for annual review. Review of the literature indicates there is a paucity of new evidence. Current NCCN guidelines do not address HCT for treatment of astrocytomas or gliomas. There is no change in coverage. The description was updated on the policy. Due to publish 01/31/2022.
S-222 - Hematopoietic Cell Transplantation in the Treatment of Germ-Cell Tumors	1/31/2022	This policy is scheduled for annual review. It was reviewed and approved by the Hematology/Oncology Subcommittee on 10/21/2020. Administrative changes have been made regarding spelling and punctuation. Professional statements were updated and there is no indication for a change in coverage at this time. This policy will publish on 01/31/2022.
S-241 - Fecal Microbiota Transplantation	3/28/2022	This is the annual update of medical policy S-241. The criteria and language were updated. The policy will publish on March 28, 2022.
S-268 - Endobronchial Valve Surgery	1/31/2022	This is the annual review of medical policy S-268. The default denial language, coding, and operational guidelines were updated. This policy will publish on January 31, 2022.
S-269 - Per-Oral Endoscopic Myotomy (POEM)	1/31/2022	This policy is scheduled for annual review. The language has been updated. The policy is set to publish on January 31, 2022.
S-32 - Implantable Hormone Replacement Pellets	1/31/2022	Annual Review. No change in coverage.
S-36 - Removal of Skin Lesions	1/31/2022	S-36 is up for annual review. It is recommended to combine this policy with S-92 Treatment of Acne and G-20 Actinic Keratosis. The new title will be Treatment of benign or premalignant skin conditions.
S-46 - Mohs Micrographic Surgery (MMS)	1/31/2022	Annual review. Coverage criteria on photodynamic therapy from archived policy S-71 is being added to the policy. The new policy will be titled Treatment of Malignant Skin Lesions.

Policy Title	Anticipated Issue Date	30 Day Notification Information
S-70 - Bronchial Thermoplasty	1/31/2022	Annual Review. Recommend archiving.
S-71 - Dermatologic Applications of Photodynamic Therapy (PDT)	1/31/2022	S-71 is being combined with S-46 MOHS Micrographinc Surgery. The coverage criteria will appear on S-46 and the new title will be Treatment of Treatment of Malignant Skin Lesions.
S-92 - Treatment of Acne	1/31/2022	S-92 is being archived. The coverage criteria will appear on S-36 and the new title will be Treatment of Benign or Premalignant Skin Conditions.
X-17 - Obstetrical Ultrasound	1/31/2022	This is the annual review of medical policy X-17 Obstetrical Ultrasound. This policy will be archived on January 31, 2022.
X-24 - Bone Mineral Density Studies	1/31/2022	This is the annual update of medical policy X-24 Bone Mineral Density Studies. Coding was moved from Z-67 to X-24, the policy language and coding was updated. The policy will publish on January 31, 2022.
Z-104 - Basivertebral nerve ablation	1/31/2022	The language and coding on the policy have been updated the policy will publish on January 31, 2022.
Z-4 - Transcranial Magnetic Stimulation (TMS)	1/31/2022	The annual review was completed, no changes in coverage at this time, the policy will publish 1/31/2022.
Z-67 - Experimental/Investigational Services	1/31/2022	Coding is being transferred from this policy to medical policy X-24. The policy will publish on January 31, 2022.



Policy

Criteria Revision for Obesity



Highmark Blue Cross Blue Shield has revised criteria for G-24 Obesity.

The following criteria is being revised:

- Laparoscopic adjustable gastric banding using an FDA-approved adjustable gastric band is a second-tier procedure that should ONLY be performed when extenuating circumstances exist.
- Laparoscopic adjustable gastric banding is contraindicated for individuals aged 17 years or under.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is March 28, 2022.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy G-24, Obesity, for additional information.

Injectable Drug Added to Site of Care



Highmark Blue Cross Blue Shield has added the following injectable drug to site of care criteria: Evinacumab-dgnb (Evkeeza™)

This revised Medical Policy will apply to both professional providers and facility claims. The effective date will be April 1, 2022.

Place of Service: Outpatient-Infusion

Please refer to Medical Policy I-238, Evinacumab-dgnb (Evkeeza), for additional information.

Preferred Products Changed for Infliximab



Highmark Blue Cross Blue Shield has changed the preferred products for infliximab products [Infliximab (Remicade®), Infliximab-axxq (Avsola™), infliximab-dyyb (Inflectra®) and infliximab-abda (Renflexis®)]. The preferred products will now be Infliximab-axxq (Avsola) and Infliximab-dyyb (Inflectra) for all individuals and all indications. In order for a non-preferred product [infliximab (Remicade) or infliximab-abda (Renflexis)] to be approved the individual must try and fail both preferred products or both products must be contraindicated. The initial authorization will now be for 12 months.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is April 1, 2022.

Please refer to Medical Policy I-28, Infliximab, for additional information.

Criteria Revision for Fecal Microbiota Transplantation



Highmark Blue Cross Blue Shield has revised criteria for S-241 Fecal Microbiota Transplantation.

The following criteria is being added to the policy:

- There have been at least two (2) episodes that are refractory to appropriate antibiotic regimens, including at least one (1) regimen of pulsed vancomycin.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is March 28, 2022.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy S-241, Fecal Microbiota Transplantation, for additional information.



Step Therapy Implementation for Infliximab



NEWS FOR ALL
PROVIDER TYPES

Highmark's Medicare Advantage product has selected preferred products for infliximab products [Infliximab (Remicade®), Infliximab-axxq (Avsola™), infliximab-dyyb (Inflectra®) and infliximab-abda (Renflexis®)]. The preferred products will be Infliximab-axxq (Avsola) and Infliximab-dyyb (Inflectra) for all individuals and all indications. In order for a non-preferred product [infliximab (Remicade) or infliximab-abda (Renflexis)] to be approved the individual must try and fail both preferred products or both products must be contraindicated. The initial authorization and reauthorization period will be for 12 months.



This revised Medical Policy will apply to professional providers and facility claims. The effective date is April 1, 2022.

Place of Service:

Please refer to Medical Policy I-28, Infliximab, for additional information.



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.

Write to us at medicalpolicy@highmark.com



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