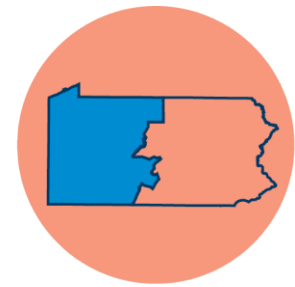


# MEDICAL POLICY UPDATE



December 2022



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## Policy

| Policy Title   | Anticipated Issue Date | 30 Day Notification Information  |
|--|------------------------|--|
| E-19 - Oxygen  | 11/21/2022             | Criteria has been updated. Policy published on November 21, 2022, following short circulation.   |
| E-34 - Respiratory Assist Devices                      | 2/13/2023              | This policy is scheduled for annual review. Administrative changes have been made. This policy will publish on February 13, 2023.  |
| E-40 - Functional Neuromuscular Electrical Stimulation | 2/6/2023               | This policy is scheduled for annual review. A quality level limit has been added for procedure code A4595. Administrative changes made. The policy is scheduled to publish on February 6, 2023.  |
| E-7 - Pneumatic Compression Devices                    | 2/13/2023              | This policy is scheduled for annual review. Administrative changes have been made. This policy will publish on February 13, 2023.  |
| G-24 - Obesity   | 3/27/2023              | This policy is scheduled for annual review. Language regarding laparoscopic adjustable gastric banding has been changed. Comorbidity criteria has been updated. Conservative treatment section has been expanded. A statement regarding separate payment for liver biopsy, upper gastrointestinal endoscopy, and esophagogastroduodenoscopy (EGD) has been added. This policy requires a 90-day notification and will publish on March 27, 2023. |

| Policy Title  | Anticipated Issue Date | 30 Day Notification Information   |
|---|------------------------|---|
| I-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies | 1/30/2023              | This policy is being updated for new FDA labeled indications for Imfinzi. The policy will publish on January 30, 2023.  |
| I-124 - Azacitidine (Vidaza)  | 2/13/2023              | This policy is scheduled for annual review. Policy is being updated with recently approved indication for Juvenile Myelomonocytic Leukemia (JMML) and updated criteria for RA with ringed sideroblasts. NCCN criteria was updated with recommendation statement. Policy will publish February 13, 2023. |
| I-186 - Ibalizumab-uiyk (Trogarzo)  | 2/6/2023               | This policy is scheduled for annual review. There is no change in coverage. Policy will publish February 6, 2023.   |
| I-25 - Desensitization Treatment for Heart and Renal Tr                                       | 2/6/2023               | This policy is scheduled for annual review. Policy is being updated with addition of rituximab biosimilar Riabni. Policy will publish February 6, 2023.   |
| I-259 - Entranacogene dezaparvovec (EntranaDez)   | 1/2/2023               | Coverage criteria was established for the newly FDA approved injection entranacogene dezaparvovec (Hemgenix), a gene therapy approved for the treatment of hemophilia B. Policy will publish on January 2, 2023.  |
| I-260 - Imjudo (tremelimumab)   | 1/9/2023               | This policy is being established for new to market drug. The policy will publish on January 9, 2023.  |
| I-261 - Teplizumab-mzwv (TZield)  | 1/2/2023               | This policy is being established for new to market drug. The policy will publish on January 2, 2023.  |
| I-262 - Teclistamab (TECVAYLI)  | 1/9/2023               | This is a new policy established for new to market drug. This policy will publish on January 9, 2023.   |
| I-263 - Mirvetuximab soravtansine-gynx (Elahere)  | 1/9/2023               | Coverage criteria was established for Elahere, a new FDA approved chemotherapy. Policy will publish on January 9, 2023.   |
| I-30 - Denosumab (Prolia®, Xgeva®)  | 2/6/2023               | This policy is scheduled for annual review. Policy updates include replacing NCCN criteria with blanket statement. Policy will publish February 6, 2023.  |
| I-98 - Bendamustine (Treanda®)  | 2/13/2023              | This policy is scheduled for annual review. Policy language has been updated to include NCCN statement. Coding updates have also been made. Policy will publish February 13, 2023.  |
| O-6 - Enteral Nutrition   | 1/30/2023              | This is policy is an annual review. No changes will be made to coverage criteria. This policy will publish on January 30, 2023.   |
| Q-4 - Private Duty Nursing  | 1/30/2023              | This policy is an annual review. Recommended to maintain current coverage criteria. Policy will publish on January 30, 2023.  |
| S-122 - Heart Transplantation   | 2/20/2023              | This policy is scheduled for annual review. The policy will publish on February 20, 2023.   |
| S-231 - Biometric Bone Void Filler  | 1/30/2023              | This policy is scheduled for annual review. The denial statements have been updated. This policy is scheduled to publish on January 30, 2023.   |
| S-241 - Fecal Microbiota Transplantation  | 2/6/2023               | This policy is scheduled for annual review. Diagnosis code A04.72 was removed. Administrative changes were also made. The policy is scheduled to publish on February 6, 2023.   |

| Policy Title  | Anticipated Issue Date | 30 Day Notification Information  |
|---|------------------------|--|
| S-279 - Vertebral Body Tethering  | 1/30/2023              | This is a new policy on vertebral tethering. It will publish on January 30, 2023.  |
| S-60 - Artificial Hearts and Ventricular Assist Devices   | 2/20/2023              | This policy is scheduled to be archived. The policy will publish on February 20, 2023.   |
| S-67 - Cochlear Implantation  | 1/30/2023              | This policy is an annual review. It is recommended to maintain current coverage criteria. This policy will publish on January 30, 2023.                                    |
| S-9 - External Hearing Aids, Auditory Brainstem Implant, Bone-Anchored Hearing Devices and Audiological Testing | 1/30/2023              | This policy is an annual review. It is recommended to maintain current coverage criteria. This policy will publish on January 30, 2023.                                    |
| Y-20 - Biofeedback  | 2/6/2023               | This policy is scheduled for annual review. Administrative changes made. No coding updates indicated at this time. The policy is scheduled to publish on February 6, 2023. |



## Policy

### Criteria Revision for Obesity



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

Language regarding laparoscopic adjustable gastric banding was changed to require a documented contraindication to preferred procedures (Rou-en-Y gastric bypass and sleeve gastrectomy).

Comorbidity criteria has been updated to expand on Hyperlipidemia, Diabetes, and Sleep Apnea. Pseudotumor Cerebri has also been added as an accepted comorbidity.

Conservative treatment section has been updated to add a 6-month requirement. Conservative treatments have been enhanced.

A section explaining that a liver biopsy is not eligible for separate payment was added to the policy.

This revised Medical Policy will apply to professional providers and/or facility claims. The effective date is March 27<sup>th</sup>, 2023.

#### **Place of Service: Inpatient/Outpatient**

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

## Policy Established for Teclistamab-cqyv (Tecvayli)



Highmark Blue Cross Blue Shield has established new guidelines for Teclistamab-cqyv (Tecvayli).

This new Medical Policy will apply to professional providers and facility claims. The effective date is January 9, 2023.

**Place of Service: Outpatient**

Please refer to Medical Policy I-262, Teclistamab-cqyv (Tecvayli) for additional information.

## Policy Established for Tremelimumab (Imjudo)



Highmark Blue Cross Blue Shield has established new guidelines for Tremelimumab (Imjudo).

This new Medical Policy will apply to professional providers and facility claims. The effective date is January 9, 2023.

**Place of Service: Outpatient**

Please refer to Medical Policy I-260, Tremelimumab (Imjudo) for additional information.

## Reminder: Radiology/Cardiology Coverage Guideline Update



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

The Radiology/Cardiology coverage guideline will be updated and take effect February 15, 2023. This applies to both professional provider and facility claims.

The significant changes to the Radiology/Cardiology guidelines are indicated below:

Adult Guideline Changes

| Section Name                                      | Section Number | Procedure Code                    | Summary of change   |
|---|----------------|-----------------------------------|---|
| Inguinal Lymphadenopathy                          | AB-8.2         | NA                                | Clarified that advanced imaging is directed by results of biopsy  |
| Gaucher Disease                                   | AB-11.1        | NA                                | Removed content, now linking over to peripheral nerve disorder guidelines for review (PN-6.3)   |
| Kidney Transplant, Pre-Transplant Imaging Studies | AB-42.5        | 74175, 74185, 74183, 74172, 72191 | Extensively updated formatting throughout section; added cardiac, chest, and head imaging studies instead of only linking out to other sections; additional studies allowed for abdomen/pelvis imaging. |

|  |           |                                   |   |
|--|-----------|-----------------------------------|---|
| Transgender Breast Cancer Screening                                      | BR - 12.1 | N/A                               | New subsection  |
| Transplant Patients (CD-1.6)   | CD-1.6    | N/A                               | Added "or stress MRI or stress Cardiac PET perfusion per the transplant center's protocol" to pre-transplant imaging<br>Added link to Kidney Transplant, Pre-Transplant Imaging Studies (AB-42.5)   |
| Frequency of Echocardiography Testing (CD-2.3)                           | CD-2.3    | N/A                               | Added indication for Post- Septal Reduction Therapy (SRT).<br>Added repeat imaging from CD 12.3 for treatment with mavacamten.  |
| Stress Echocardiography– Indications, other than ruling out CAD (CD-2.7) | CD-2.7    | N/A                               | Updated formatting.<br>Changed title to Stress echo Indications Other than Ruling out CAD (CD-2.7) to reduce redundancy.<br>Added indication for repeat stress echo.  |
| Stress echo–indications other than ruling out CAD (CD-2.7)               | CD-2.7    | N/A                               | Reworded for clarification, updated repeat echo to within 1-2 years to align with current literature.   |
| Cardiac Amyloidosis (CD-3.8)   | CD-3.8    | N/A                               | Added indication Tc-99m pyrophosphate imaging can be pursued for diagnosis of ATTR amyloidosis in the presence of known systemic amyloidosis when MRI is contraindicated in individuals undergoing evaluation for kidney transplant.<br>Added link for Kidney Transplant, Pre-Transplant Imaging Studies (AB-42.5)  |
| Evaluation of structural heart disease (CD-7.3.5)                        | CD-7.3.5  | N/A                               | Updated language for pre-transplant cath to Pre-organ transplant (non-cardiac) in place of stress imaging for initial pre-transplant evaluation (per the transplant center's protocol)<br>or if stress imaging is positive for ischemia. Repeat periodic screening while on a transplant waiting list (in the absence of other clinical indications) is not supported.<br>Added link to kidney transplant guidelines. |
| Hypertrophic Cardiomyopathy (HCM) (CD-14)                                | CD-14     | N/A                               | Added condition specific section for hypertrophic cardiomyopathy to align with other conditions addressed in multiple sections of the guideline.<br>Added indication for Post- Septal Reduction Therapy (SRT)   |
| Indications for asymptomatic individuals                                 | CRID-7.3  | 33206, 33207, 33208, 33212, 33214 | Editing/reformatting to clarify indications.<br>Added indication for pacemaker post TAVR with established RBBB pre-TAVR and new conduction abnormality developed during or post TAVR. Added examples of neuromuscular diseases known to involve the heart.  |

|   |           |                                   |  |
|---|-----------|-----------------------------------|--|
| Pneumothorax/Hemothorax                           | CH-19.1   | N/A                               | Added indication for CT Chest for suspected catamenial pneumothorax/thoracic endometriosis   |
| Pre-Transplant Imaging Studies                    | CH-32.1   | N/A                               | Added CT abdomen and pelvis and vascular imaging indications for individuals on the waiting list or being considered for lung transplant |
| Post-Transplant Imaging Studies                   | CH-32.2   | N/A                               | New subsection - content moved from CH-32.1  |
| Dementia  | HD-8.1    | N/A                               | Removed bullet on laboratory tests   |
| Multiple Sclerosis (MS)                           | HD-16.1   | N/A                               | Surveillance spinal imaging updated to annually  |
| Dysphagia and Esophageal Disorders                | Neck-3.1  | 70491                             | Added indications for CT Neck  |
| Neck Mass/Swelling/Adenopathy                     | Neck-5.1  | 70543                             | Added indications for MRI Neck   |
| Parathyroid Incidentaloma                         | NECK-8.4  | N/A                               | New Subsection   |
| Trachea and Bronchus – Imaging                    | Neck-9.1  | 70491, 70490                      | Added indications for CT Neck for suspected subglottic stenosis  |
| Salivary Gland Disorders                          | Neck-11.1 | N/A                               | Changed CT Neck and/or CT Maxillofacial to CT Neck or Maxillofacial  |
| Sore Throat/Throat Pain/Odynophagia               | Neck-12.1 | N/A                               | Clarification that barium esophagram is not required prior to advanced imaging for the indications listed                                |
| Pelvimetry  | OB-14.2   | N/A                               | New subsection   |
| Low Grade Gliomas                                 | ONC-2.2   | 70553, 72156, 72157, 72158        | Updated surveillance timeframe from every 6 months for 3 years, then annually to every 6 months thereafter                               |
| Gastrointestinal Stromal Tumor (GIST)             | ONC-12.5  | 74183                             | Updated treatment response to add timeframe and option of imaging with MRI Abdomen   |
| Renal Cell Cancer (RCC) - Initial Work-up/Staging | ONC-17.2  | 70553                             | Added newly diagnosed stage IV RCC to indications for MRI Brain  |
| Renal Cell Cancer (RCC) - Restaging/Recurrence    | ONC-17.3  | 70553                             | Added MRI brain for biopsy proven recurrent disease or signs/symptoms concerning for brain metastases                                    |
| Renal Cell Cancer (RCC) - Surveillance            | ONC-17.4  | 71260, 71250                      | Updated to allow for CT Chest imaging for follow up after post ablation therapy of RCC   |
| Renal Cell Cancer (RCC) - Surveillance            | ONC-17.4  | 71260, 71250, 74160, 74150, 74183 | Updated surveillance of stage 1 RCC with Increased surveillance time frame, removal of abdominal ultrasound from list of imaging studies |
| Renal Cell Cancer (RCC) - Surveillance            | ONC-17.4  | N/A                               | Updated surveillance of stage 2 RCC with decreased surveillance timeframe, removal of abdominal ultrasound from list of imaging studies  |



|   |         |     |  |
|---|---------|-----|--|
| Uterine Anomalies   | PV-14.1 | N/A | MRI Abdomen or CT urography if ultrasound indeterminate for renal anomaly added  |
| C-section or Cornual (interstitial) Ectopic Pregnancy     | PV-15.3 | N/A | New subsection   |
| Pelvimetry  | PV-15.4 | N/A | New subsection   |
| Renovascular Hypertension/Renal Artery Stenosis (PVD-6.6) | PVD-6.6 |     | Removed indication "Unexplained atrophic kidney or discrepancy in size between kidneys of greater than 1.5 cm" to align with current guidelines. |
| Arteriovenous Malformations (AVMs)                        | PVD-9.1 |     | Added information on when post procedure imaging was indicated. Editorial changes to improve readability.  |

### Pediatric Guideline Changes

| Section Name   | Section Number | Procedure Codes            | Summary of Changes   |
|--|----------------|----------------------------|--|
| Inflammatory Bowel Disease, Crohn Disease, or Ulcerative Colitis | PEDAB-9        | 74177, 74183, 72197        | Updated to allow CT enterography as well as MRI Abdomen and Pelvis. Removed statement that CT enterography only indicated if MR is inconclusive or unavailable.  |
| Inflammatory Bowel Disease, Crohn Disease, or Ulcerative Colitis | PEDAB-9        | 72196, 72197               | Added MRI Pelvis for concern for fistula or abscess  |
| Inflammatory Bowel Disease, Crohn Disease, or Ulcerative Colitis | PEDAB-9        | 74177                      | Added CT Abdomen and Pelvis for new or worsening symptoms or suspected complications   |
| Constipation, Diarrhea, and Irritable Bowel Syndrome             | PEDAB-12       | NA                         | Added abnormal neurological exam, symptoms refractory to provider-directed treatment to findings that may require advanced imaging   |
| Intra-abdominal Mass   | PEDAB-13.2     | 93975                      | Added indication for US with doppler   |
| Acute Pancreatitis   | PEDAB-34.1     | 74177, 74160, 74183, 74181 | Added CT Abdomen and Pelvis, CT Abdomen, or MRI/MRCP if red flags are present  |
| General Guidelines   | PEDCD-1.0      |                            | New section title: General Guidelines (PEDCD-1.0)<br>Added to indications under nuclear medicine SPECT, PET stress "MIS-C" to align with the rest of the guideline where MIS-C closely mirrors Kawasaki guidelines<br>Updated coding tables for cath and echo to match tables in general cardiac |
| Repeat Transthoracic   | PEDCD-8.3      |                            | New section title: Repeat Transthoracic Echocardiography Indications (PEDCD-8.3)   |

|  |             |   |   |
|--|-------------|---|---|
| Echocardiography Indications   |             |   | Added indication for phenotype positive cardiomyopathy (with or without a positive gene)  |
| MIS-C Repeat Cardiac Imaging   | PEDCD12.2.2 |   | New section title: MIS-C Repeat Cardiac Imaging (PEDCD-12.2.2)<br>Added indications for when there are new or progressing symptoms of ischemia or ventricular dysfunction to align with current kawasaki guidelines   |
| Multiple Sclerosis (MS)  | PEDHD-14.2  |   | Spinal imaging updated to every 12 months or with new signs or symptoms   |
| Multiple Sclerosis (MS)  | PEDHD-14.2  |   | Brain imaging updated to every 6 months whether or not receiving treatment  |
| Mass Involving Bone (Including Suspected Lytic and Blastic Metastatic Disease) | PEDMS-3.4   |   | Added surveillance of benign bony lesions is with plain x-ray, and MRI may be approved for symptoms not explained by x-ray. Clarified that osteochondroma, osteoid osteoma, and concern for metastatic disease should be reviewed by pediatric oncology imaging guidelines. |
| Avascular Necrosis and Legg-Calve-Perthes Disease                              | PEDMS-6.1   | CT lower extremity                                      | Updated contrast levels of CT to only allow for CT without contrast   |
| Osteonecrosis  | PEDMS-6.2   | CT upper extremity, CT lower extremity                  | Added CT without contrast for surgical planning   |
| Infection/Osteomyelitis  | PEDMS-8     | 76881, 76882  | Added ultrasound for effusion or soft tissue fluid collection   |
| Von Hippel-Lindau Syndrome (VHL)   | PEDONC-2.10 | 70553, 72156, 72157, 72158                              | Changed beginning age for screening with studies at left from 8 to 11 years of age  |
| Von Hippel-Lindau Syndrome (VHL)   | PEDONC-2.10 | 74183   | Changed beginning age for screening with study at left from 12 to 15 years of age   |
| Rhabdoid Tumor Predisposition Syndrome   | PEDONC-2.11 | 76498   | Added whole body MRI for all individuals, at diagnosis. Removed statement that WBMRI may not be sufficient to detect small rhabdoid tumors.   |
| Rhabdoid Tumor Predisposition Syndrome   | PEDONC-2.11 | 76506, 76700, 76856, 76536, MRI wwo of areas of concern | Changed beginning age for screen with studies at left from 12 to 6 months of age. Added US Neck to screening studies, and MRI without and with contrast of areas of concern found on baseline whole body MRI.   |
| Rhabdoid Tumor Predisposition Syndrome   | PEDONC-2.11 | 76700, 76856, 76536, 70553, 72156, 72157,               | Updated screening studies for individuals from age 7 months to 5 years  |



|  |                          |  |   |
|--|--------------------------|--|---|
|  |                          | 72158, MRI wwo of areas of concern                 |   |
| Rhabdoid Tumor Predisposition Syndrome                                 | PEDONC-2.11              | 76498  | Added annual screening for individuals over the age of 5 years using whole body MRI   |
| Rhabdoid Tumor Predisposition Syndrome                                 | PEDONC-2.11              | CT w, CT wo, MRI w, MRI wwo suspected disease site | Added that whole body MRI findings suggesting malignancy warrant targeted advanced imaging of the suspected disease site  |
| Pediatric CNS Tumors General Considerations                            | PEDONC-4.1               | 70555, 70554                                       | Added function MRI for preoperative planning  |
| CNS High Grade Gliomas (HGG)   | PEDONC-4.3               | 70460, 70470                                       | Added CT Head for rapid assessment of acute intracranial hemorrhage, ventriculomegaly, and shunt related issues   |
| Pediatric Germ Cell Tumors   | PEDONC-10                | 78306  | Added whole body bone scan for individuals with a history of bone involvement or with bone pain   |
| Langerhans Cell Histiocytosis (LCH)                                    | PEDONC-18.2              | 78815, 78816                                       | Updated surveillance imaging to delineate imaging and timeframes between single site and multifocal site bone disease. Added PET/CT for inconclusive conventional imaging, and removed statement "PET is generally not indicated" |
| Hemophagocytic Lymphohistiocytosis (HLH); Non-Langerhans Histiocytoses | PEDONC-18.3, PEDONC-18.4 | 70486, 70487                                       | Added CT Sinus for clinical suspicion of sinus disease  |

If you wish to see the updates prior to the implementation date, please go to eviCore website under the Future tab for Radiology/Cardiology 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 Radiology/Cardiology guideline → Search Health Plan by typing in Highmark → Click on Highmark and then click on magnifying glass → Click on FUTURE → Click on the chosen Radiology/Cardiology Guideline



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## Policy Established for Teclistamab-cqyv (Tecvayli)



NEWS FOR ALL  
PROVIDER TYPES

Highmark's Medicare Advantage products have established new guidelines for Teclistamab-cqyv (Tecvayli).

This new Medical Policy will apply to professional providers and facility claims. The effective date is January 9, 2023.



Please refer to Medical Policy I-272, Teclistamab-cqyv (Tecvayli) for additional information.

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## Policy Established for Tremelimumab (Imjudo)



NEWS FOR ALL  
PROVIDER TYPES

Highmark's Medicare Advantage products have established new guidelines for Tremelimumab (Imjudo).

This new Medical Policy will apply to professional providers and facility claims. The effective date is January 9, 2023.



Please refer to Medical Policy I-271, Tremelimumab (Imjudo) 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](mailto:medicalpolicy@highmark.com)



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