MEDICAL POLICY UPDATE

May 2023

HIGHMARK WESTERN NEW YORK

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Policy

Policy Title	Anticipated Issue Date	30 Day Notification Information
E-35 - Ultrasound Osteogenesis Stimulator	07/10/2023	This policy is scheduled for annual review. Administrative changes made. Coding updated. This policy is scheduled to publish on July 10, 2023.
G-9 - Diagnosis and Treatment of Male Sexual Dysfunctin	07/10/2023	This policy is scheduled for an annual review. Administrative changes made. This policy is due to publish on July 10, 2023.
I-7 Erythropoiesis Stimulating Agents	08/07/2023	I-7- This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement was updated to NMN. Policy will publish on August 7, 2023.
I-8 Immunizations	07/10/2023	Maintain the current POS. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on July 10, 2023.
I-21 Trastuzumab (Herceptin), Trastuzumab Biosimilars, and Trastuzumab and Hyaluronidase-oysk (Herceptin Hylecta)	07/24/2023	This policy is up for annual review. There are no indications for a change in coverage at this time. Denial

Policy Title	Anticipated Issue Date	30 Day Notification Information
		statement was updated to NMN. Policy will publish on July 24, 2023.
I-26 Autologous Cellular Immunotherapy for Prostate Cancer	07/17/2023	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish July 17, 2023.
I-36 Palonosetron (Aloxi)	07/10/2023	This policy is scheduled for annual review. Policy updates include language revisions. Policy will publish July 10, 2023.
I-40 - Pertuzumab for Treatment of Malignancies	07/10/2023	This policy is scheduled for annual review. Policy is being updated with NCCN recommendation statement. Policy will publish July 10, 2023.
I-41 Carfilzomib (Kyprolis)	07/31/2023	This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement was updated to NMN. Policy will publish on July 31, 2023.
I-79 Plerixafor (Mozobil)	07/17/2023	This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement is being update to NMN. Policy will publish on July 17, 2023.
I-83 Bortezomib (Velcade)	07/31/2023	I-83- This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement was updated to NMN. Policy will publish on July 31, 2023.
I-89 Carboplatin (Paraplatin)	07/24/2023	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated based off of NCCN recommendations. Denial statement was updated to NMN. Policy will publish on July 24, 2023.
I-121 - Repository Corticotropin Intramuscular Injection	07/10/2023	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish July 10, 2023.
I-147 Talimogene Laherparepvec (Imlygic)	07/10/2023	This policy was scheduled for annual review. The denial statement was updated. Policy will publish on July 10, 2023.
I-148 Ramucirumab (Cyramza®)	07/10/2023	This policy was scheduled for annual review. The denial statement was updated. Policy will publish on July 10, 2023.
I-158 Pegaspargase (Oncaspar), Asparaginase Erwinia Chrysanthemi (Erwinaze), and Calaspargase Pegol-mknl (Asparlas)	07/10/2023	This policy was scheduled for annual review. The denial statement and coding were updated. Policy will publish on July 10, 2023.
	07/10/2023	

Policy Title	Anticipated Issue Date	30 Day Notification Information
I-166 Elotuzumab (Empliciti)		This policy was scheduled for annual review. The denial statement was updated. Policy will publish on July 10, 2023.
I-170 Siltuximab (Sylvant)	07/10/2023	This policy was scheduled for annual review. The denial statement and coding were updated. Policy will publish on July 10, 2023.
I-191 Aliqopa	07/10/2023	This policy was scheduled for annual review. The denial statement was updated. Policy will publish on July 10, 2023.
I-207 - Tagraxofusp-erzs (Elzonris)	07/10/2023	This policy is scheduled for annual review. Policy updates include minor changes to language. Policy will publish July 10, 2023.
I-215 Enfortumab vedotin-ejfv (Padcev)	07/10/2023	This policy is up for annual review. Coverage criteria was updated to capture new FDA approved indications. Denial statement updated to NMN. Policy will publish on July 10, 2023.
I-219 Fam-trastuzumab Deruxtecan-nxki (Enhertu)	07/10/2023	This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement is being updated to NMN. Policy will publish on July 10, 2023.
I-234 Naxitamab (Danyelza)	08/07/2023	I-234- This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement was updated to NMN. Policy will publish on August 7, 2023.
I-235 Margetuximab-cmkb (Margenza)	07/17/2023	This policy is up for an annual review. There are no indications for a change in coverage at this time. Denial statement was updated to NMN. Policy will publish on July 17, 2023.
I-239 Trilaciclib (Cosela)	08/14/2023	I-239- This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement was updated to NMN. Policy will publish on August 14, 2023.
L-266 Pigmented Lesion Assay	07/10/2023	This is a new policy. It will publish on July 10, 2023.
M-70 - Ambulatory Blood Pressure Monitoring (ABPM)	07/10/2023	Policy language was updated to include criteria for masked hypertension. This policy will publish on July 10, 2023.
S-74 - Suction Assisted Lipectomy (SAL)	07/10/2023	This policy is scheduled for annual review. Will maintain the current criteria . The policy will publish on July 10, 2023
S-145 Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease	08/28/2023	This policy is scheduled for annual review. MN criteria was edited for clarification. Surgical fundoplication criteria have been added. Diagnosis editing has been

Policy Title	Anticipated Issue Date	30 Day Notification Information
		revised to support the above criteria updates. This policy will publish on August 28, 2023.
S-155 Gastric Electrical Stimulation, Gastric Pacing	07/10/2023	This policy is scheduled for annual review. The current policy criteria will be maintained. The policy will publish on July 10, 2023.
S-179 Treatment of Uterine Fibroids	07/10/2023	This policy is scheduled for annual review. There is no change in coverage. The policy is expected to publish on July 10, 2023.
S-225 Orthopedic Applications of Stem-Cell Therapy	07/03/2023	Recommend maintaining the current POS listed in the policy as inpatient/outpatient with the default statement. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on July 3, 2023.
S-231 - Biometric Bone Void Filler	07/10/2023	This policy was scheduled for annual review. A code was added to the policy. This policy will publish July 10, 2023.
S-233 Magnetic Esophageal Ring to Treat Gastroesophageal Reflux Disease (LINX®)	07/10/2023	This policy is scheduled for annual review. The current policy criteria will be maintained. The policy will publish on July 10, 2023.
U-5 Assisted Reproductive Technology	08/28/2023	This policy is an annual review. Policy was updated to include a section for ART cycles with criteria. This policy will publish on August 28, 2023.
Y-16 Chronic Wound Management	07/10/2023	This policy is scheduled for annual review. There is no change in coverage. The policy is expected to publish on July 10, 2023.
Z-8 - Diagnosis and Treatment of Obstructive Sleep Apnea	07/10/2023	This policy is being updated to clarify verbiage regarding in lab sleep studies. This policy is scheduled to publish July 10, 2023.
Z-67 Experimental/Investigational Services	07/10/2023	This policy is being revised as a result of updates made to other policies. A code is being removed from this policy and placed onto S-231. A code is being removed from this policy and placed on E-20. This policy will publish on July 10, 2023.
Z-103 Coverage with Evidence Development	07/03/2023	A Medical Policy Update (MPU) newsletter is not required. Standard 30-day notification has been provided. The policy will publish on July 03, 2023.

Reminder: Cardiology & Radiology Coverage Guideline Update

NEWS FOR ALL PROVIDER TYPES

Highmark Blue Cross Blue Shield of Western New York is providing a reminder to all providers.

The Cardiology & Radiology coverage guideline will be updated and take effect July 1, 2023. This applies to both professional provider and facility claims.

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

Preface Guidelines Key Changes

- Added clarification about MRI contrast and that utilizing Xenon Xe 129 for contrast is considered investigational and experimental**.** (Clinical information Preface-3.1)

Breast Imaging Guidelines Key Changes

- BR-5.1 MRI Breast Indications:
    - Added new indications of BARD1, RAD51C and RAD51D gene mutation starting at age 40 for annual MRI Breast screening.
    - Updated starting age to 30 from 25 for annual MRI breast screening for STK11, Peutz-Jeghers syndrome (PJS).
    - Removed reference to Breast Cancer-Suspected/Diagnosis in the Oncology Imaging Guidelines.

Cardiac Imaging Guidelines Key Changes

- General Guidelines CD-1.0: Updated table 1 Clinical pretest probability of CAD with the following changes based on ACC chest pain guidelines.
    - Updated chest pain definitions to include descriptions of symptoms.
    - Updated table for possible cardiac symptoms to include as intermediate/high men age 50-59, men and women age 60-69, and women age 70-79.
- Stress Testing with Imaging-Indications (CD-1.4)
    - Added indication under Stress echo, SPECT MPI or stress MRI, can be considered regardless of symptoms for any asymptomatic individual who has an ischemic EKG response on ETT (horizontal or downsloping ST depression ≥1.0 mm below baseline).
- Transthoracic Echocardiography (TTE)-Indications/initial evaluation (CD-202)
    - Updated pulmonary hypertension abbreviation from PAH to PH.
    - Added link to content for PH in CD-8.1.
- Frequency of Echocardiography Testing (CD-2.3)
    - Added link to Mavacamten for Obstructive Hypertrophic Cardiomyopathy (HCM) (CD-12.3) to direct to additional content
    - Removed statements from follow up pulmonary HTN for MAC provisional approval.
        - Repeat echo within 3 months of therapy change
        - Any time with clinical changes
- Stable Symptomatic Suspected or Established Coronary Artery Disease (CD-7.3.3)
    - Under the category New onset, persistent, or worsening of cardiac chest pain (typical angina) and documentation of both of the following:
        - Changed High pretest probability to intermediate/high pre-test probability to align with current chest pain literature.

- Pregnancy – Maternal Imaging (CD-11.4)
    - Added link to new section Maternal Imaging in Cardiovascular Disease
- Pre-Pregnancy to Post-Partum (CD-15.1)
    - Added new guideline to align with current literature and create ease of access to criteria for this high risk group.
- Maternal imaging in cardiovascular disease (CD-15.2)
    - Added new guideline to align with current literature and create ease of access to criteria for this high risk group.
- Maternal Imaging in Individuals with Aortopathy (CD-15.3)
    - Added new guideline to align with current literature and create ease of access to criteria for this high risk group.
- Imaging in Pregnancy with Congenital Heart Disease (CHD)
    - Added new guideline to align with current literature and create ease of access to criteria for this high risk group

Oncology Imaging Guidelines Key Changes

- Breast Cancer - Surveillance/Follow-up (ONC-11.4)
    - Three additional genetic variants added to list (BARD1, RAD51C, RAD51D) which align with changes in the BR-5 guideline

Pediatric Head Guidelines Key Changes

- Magnetic Resonance Spectroscopy (MRS, CPT® 76390) (PEDHD-2.1)
    - Content moved to PEDHD-19.4, link added to PEDHD-19.4
- General Considerations (PEDHD-14.1)
    - Added link to new subsection, Neurometabolic and Neurogenetic Disorders (PEDHD-19.4)
- Acute Disseminated Encephalomyelitis (ADEM) and Other Pediatric Demyelinating Disorders (PEDHD-14.3)
    - Added link to new subsection, Neurometabolic and Neurogenetic Disorders (PEDHD-19.4)
- Developmental Disorders (PEDHD-19)
    - Renamed section
- Neurometabolic and Neurogenetic Disorders (PEDHD-19.4)
    - New subsection - addressing imaging for Neurometabolic and Neurogenetic Disorders
- Ataxia (PEDHD 20.1)
    - Updated link to PEDHD-19

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.

Coverage Guidelines Established for Altuviiio™

Highmark Blue Cross Blue Shield of Western New York has established new guidelines for I-4 HemophiliaTreatment Clotting Factors/Coagulant Blood Products. Policy update includes addition of new to market therapy Altuviiio™ (antihemophilic factor, recombinant, Fc-VWF-XTEN fusion protein-ehtl).
This revised Medical Policy will apply to professional providers and facility claims. The effective date is May 22, 2023.

Place of Service:

Please refer to Medical Policy for I-4, HemophiliaTreatment Clotting Factors/Coagulant Blood Products, for additional information.

Coverage Guidelines Established for Syfovre

Highmark Ble Cross Blue Shield of Western New York has established new guidelines for I-94 Intravitreal Injections. Policy update includes addition of new to market therapy Syfovre (pegcetaclopan injection).
This revised Medical Policy will apply to professional providers and facility claims. The effective date is May 22, 2023.

Place of Service:

Please refer to Medical Policy for I-4, Intravitreal Injections, for additional information.

Criteria for surgical fundoplication added to Medical Policy S-145 Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease

Highmark Blue Cross Blue Shield of Western New York has revised the criteria for Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease. Medically necessary criteria for surgical fundoplication has been added. The criteria for transesophageal endoscopic radiofrequency therapy and transesophageal incisionless fundoplication criteria have been edited for clarification. The Savary-Miller criteria was replaced with the Los Angeles Scale to be referenced for classification of reflux esophagitis. The denial reasoning was updated from “experimental/investigational and therefore non-covered” to “not medically necessary”.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is August 28, 2023.

Place of Service:

Please refer to Medical Policy S-145-025, Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease, for additional information.

Coverage Guidelines Established for Syfovre

NEWS FOR ALL PROVIDER TYPES

MA MEDICARE ADVANTAGE

Highmark's Medicare Advantage product has established new guidelines for I-94 Intravitreal Injections. Policy update includes addition of new to market therapy Syfovre (pegcetaclopan injection).
This revised Medical Policy will apply to professional providers and/or facility claims. The effective date is May 22, 2023.

Please refer to Medical Policy I-94, Intravitreal Injections, 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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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 at hwnybcbs.highmarkprc.com.

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