MEDICAL POLICY UPDATE

April 2022

HIGHMARK

IN THIS ISSUE

Policy

Policy Title	Anticipated Issue Date	30 Day Notification Information
D-6 - Dental Services	5/30/2022	This policy is up for annual review. There are no recommended changes to coverage. Policy will publish on May 30, 2022.
I-118 - Alemtuzumab (Lemtrada)	5/30/2022	Policy is scheduled for annual review. Policy was updated to include initial and reauthorization criteria. QLL is also established. Policy will publish May 30, 2022.
I-138 - Elosulfase alfa (Vimizim)	5/30/2022	This policy is being archived. Criteria for Vimizim is being added to I-58 Enzyme Replacement Therapies. This policy will publish May 30, 2022
I-14 - Immune Globulin Therapy	5/30/2022	This policy was scheduled for annual review. Criteria has been updated. Language has been updated. Policy will publish on May 30, 2022.
I-140 - Galsulfase (Naglazyme)	5/30/2022	This policy was scheduled for annual review. Policy criteria is being combined into I-58 Enzyme Replacement Therapies. The policy will be archived. The policy will publish on May 30, 2022.
I-143 - Inhalation Products for the Management of Cystic Fibrosis	5/30/2022	This policy was scheduled for annual review. Language was updated with no criteria changes. This policy will publish on May 30, 2022.

Policy Title	Anticipated Issue Date	30 Day Notification Information
I-151 - Site of Care	5/30/2022	This policy was scheduled for annual review. J1554 Asceniv was added to policy. Language was updated. This policy will publish on May 30, 2022.
I-178 - Kanuma	5/30/2022	This policy is being archived. Criteria for Kanuma is being added to I-58 Enzyme Replacement Therapies. Policy will publish May 30, 2022.
I-180 - Chimeric Antigen Receptor T-Cell Therapy	5/2/2022	Policy is being updated to establish criteria for new to market therapy Carvykti (ciltacabtagene autoleucel). Policy will publish May 2, 2022.
I-188 - Mepsevii	5/30/2022	This policy was scheduled for annual review. Policy criteria is being combined into I-58 Enzyme Replacement Therapies and this policy will be archived. The policy will publish on May 30, 2022.
I-199 - Interleukin-23 Antagonists	5/30/2022	This policy was scheduled for annual review. The denial statement was updated, and reauthorization criteria was removed. The policy will publish on May 30, 2022.
I-201 - Treatment of Hereditary Amyloidosis	5/30/2022	This policy was scheduled for annual review. Authorization period of 12 months was added. This policy will publish on May 30, 2022.
I-203 - Polymerized Sucralfate Malate Paste (ProThelial)	5/30/2022	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will remain experimental/investigational. Policy will publish on May 30, 2022.
I-212 - Esketamine (Spravato)	5/30/2022	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on May 30, 2022, with the standard 30-day notification.
I-227 - Inebilizumab-cdon (Uplizna)	5/30/2022	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on May 30, 2022, with the standard 30-day notification.
I-232 - Vitolarsen (Viltepso)	5/30/2022	This policy is up for annual review. There are no indications for a change in coverage at this time. The policy will publish on May 30, 2022, with the standard 30-day notification.
I-32 - Intravenous Anesthetics for Off-Label Indications	5/30/2022	This policy is up for annual review. There are no indications for a change in coverage at this time. Minor language revisions were made to the policy. The policy will publish on May 30, 2022, with the standard 30-day notification.
I-54 - Laronidase (Aldurazyme®)	5/30/2022	This policy was scheduled for annual review. Policy criteria is being combined into I-58 Enzyme Replacement Therapies. The policy will be archived. The policy will publish on May 30, 2022.
I-55 - Agalsidase beta (Fabrazyme)	5/30/2022	This policy was scheduled for annual review. Policy criteria is being combined into I-58 Enzyme Replacement Therapies. The policy will be archived. The policy will publish on May 30, 2022.
I-58 - Enzyme Replacement Therapies	5/30/2022	This policy is being updated to combine all enzyme replacement therapies onto one policy. Criteria for I-54-Aldurazyme, I-55 Fabrazyme, I-93 Idursulfase (Elaprase),

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		I-138 Elosulfase alfa (Vimizim), I-140 Galsulfase (Naglazyme), I-178 Sebelipase alfa (Kanuma), and I-188 Vestronidase Alpha-vibk (Mepsevii) will be added to the newly titled I-58 Enzyme Replacement Therapies. Policy will publish May 30, 2022.
I-6 - Approved Drugs and Biologicals	5/30/2022	This policy is up for annual review. There are no indications for changes at this time. J codes for injectables that may be self-administered have been added to the policy. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on May 30, 2022, with the standard 30-day notification.
I-93 - Idursulfase (Elaprase)	5/30/2022	This policy is being archived. Criteria for Elaprase is being added to I-58 to combine all ERTs. This policy will publish May 30, 2022.
M-23 - Esophageal pH Monitoring	5/30/2022	This is the annual review of M-23 Esophageal pH Monitoring. Multichannel intraluminal impedance-pH monitoring is now covered under the policy with criteria. Feeding difficulties was added to the criteria for pH monitoring in children and infants. Diagnosis codes and procedure codes were updated. The policy will publish on May 30, 2022.
O-13 - Cranial Orthosis for Plagiocephaly	5/30/2022	This policy is up for annual review. There are no recommended changes to coverage. Removing diagnosis code Q75.8. Policy will publish on May 30, 2022
S-194 - Subtalar Arthroereisis	5/30/2022	This is the annual review of S-194 Subtalar Arthroereisis. No changes were made to the policy. The policy will publish on May 30, 2022.
S-197 - Manipulation Under Anesthesia (MUA)	5/30/2022	This is the annual review of S-197, language on the policy has been updated. This policy will publish on May 30, 2022.
S-237 - Discography	7/25/2022	This is the annual review of S-237. The criteria have been updated. The policy will publish on July 25, 2022.
S-264 - Acellular Dermal Matrix Grafts instead of Arthrex bovine collagen	5/30/2022	This is the annual review of medical policy S-264. The policy will publish on May 30, 2022.
S-265 - Orthopedic Applications of Platelet-Rich Plasma	5/30/2022	This is the annual review of S-265. Language and coding updates were performed. The policy will publish on May 30, 2022.
S-267- Leadless Cardiac Pacer	5/30/2022	This policy is scheduled for annual review. eviCore will be managing this policy moving forward. This policy is scheduled to archive on May 30, 2022.
Y-5 - Vision Therapy (Orthoptics and Pleoptics)	5/30/2022	This policy is scheduled for annual review. This policy is scheduled to publish on May 30, 2022.
Z-24 - Miscellaneous Services	5/30/2022	This is the annual review of medical policy Z-24 Miscellaneous Services. The coding has been updated. Experimental/investigational services denial statement was changed to not medically necessary. The policy will publish on May 30, 2022.
S-140 Ocular Photodynamic Therapy	5/30/2022	In accordance with archival criteria, it is recommended to archive the policy because of the low utilization and

Policy Title	Anticipated Issue Date	30 Day Notification Information
		paucity of new information available. No MPU is needed, and it will be published as archived on May 30, 2022. Standard 30-day notification has been given.

Policy

Update: Cardiology Coverage Guideline Updated

NEWS FOR ALL PROVIDER TYPES

Highmark Blue Shield is providing an update to all providers.

The Cardiology coverage guidelines were updated on April 1, 2022. This applies to both professional provider and facility claims.

The updates to the Cardiology imaging guidelines are as follows:

Section Name	Section Number	Procedure Code	Summary of Change
General Guidelines	CD-1.0	all cardiac	Revised pre-test probability table to align with current literature. Updated definitions related to chest pain and CAD based on current literature
Stress Testing without Imaging – Procedures	CD-1.2	78451, 78452, 93350, 93351, 75559, 75563, 78430, 78431. 78491, 78492	Updated components for exercise treadmill test to include parameters for target heart rate to better demonstrate functionality required for an exercise study
Stress Testing with Imaging – Indications	CD-1.4	78451, 78452, 93350, 93351, 75559, 75563, 78430, 78431. 78491, 78492	Updated where MPI is used to SPECT MPI for clarification Updated indications that refer to chest pain or CAD or pretest probability to the newly updated definitions addressed in CD-1.0 Updated inadequate ETT for clarification Added inability to exercise as an indication for PET perfusion in place of other stress imaging
Transplant	CD-1.6	78451, 78452, 93350, 93351, 75559, 75563, 78430,	Updated MPI to SPECT MPI

		78431. 78491, 78492	
Non-imaging Heart Function and Cardiac Shunt Imaging	CD-1.7	78414, 78428	Updated MPI to SPECT MPI
Transthoracic Echocardiography (TTE) – Coding	CD-2.1	93303, 93304, 93306, 93307, 93308	Added updated AMA CPT codes to table for congenital cath In practice notes added CPT 93319 3D echo
Frequency of Echocardiography Testing	CD-2.3	93303, 93304, 93306, 93307, 93308	Added echo series for asymptomatic, severe mitral regurgitation
3D Echocardiography – Coding	CD-2.8	93319	Added "CPT® 93319 with one of the following (CPT® 93303, 93304, 93312, 93314, 93315, or 93317) for congenital cardiac abnormalities"
Myocardial strain imaging (CPT 93356)	CD-2.12	93356	Added indication for LVH with unclear etiology Copied information from CD-12.2 to have available in both sections
SPECT MPI – Indications	CD-3.2	N/A	Updated title to SPECT MPI for clarification
MUGA-coding	CD-3.3		In planar MUGA studies updated to SPECT MPI
Cardiac Amyloidosis	CD-3.8	N/A	Added parameters to define abnormal results for clarification
CT Calcium Scoring Indications Symptomatic	CD-4.2.2	75571	Created 2 subsections symptoms concerning for cardiac ischemia and low gradient aortic stenosis new indication for low gradient aortic stenosis added
CCTA – Indications for CCTA (CPT® 75574)	CD-4.3	75574	Updated pre-test probability and chest pain references to align with new definitions
Cardiac MRI and MRA Chest – Indications (excluding Stress MRI)	CD-5.2	71555, 75557, 75561	updated title to include MRA chest for clarification Added links to make information more accessible for MRA chest
Cardiac PET – Perfusion – Indications	CD-6.2	78430, 78431, 78491, 78492	Added indication for inability to exercise change to align with change in CD-1.4
Cardiac PET – Metabolic – Indications	CD-6.4	78429, 78459, 78432, 78433	Added information from chest 15.1 to create ease of access to information - ®Full body PET/CT (CPT® 78815) is not indicated for the diagnosis or

			monitoring response to therapy of cardiac sarcoid
Diagnostic Heart Catheterization – Code Sets	CD-7.1	93593-93597	Added updated AMA CPT codes to table for congenital cath
LHC – Unstable/Active Coronary Artery Syndromes	CD-7.3.1	93593-93597, 93451-93462	Updated references to chest pain to align with new definitions Updated acute coronary syndrome to chest pain with or without ECG changes
LHC – Stable Established Coronary Artery Disease	CD-7.3.2	93593-93597, 93451-93462	Updated chest pain based on new definitions Updated chest pain induced by stress testing to include dobutamine stress testing Clarified VT induced by an exercise treadmill test
Stable Symptomatic Suspected or Established Coronary Artery Disease	CD-7.3.3	93593-93597, 93451-93462	Updated chest pain based on new definitionsUpdated chest pain induced by stress testing to include dobutamine stress testingClarified VT induced by an exercise treadmill test

Please go to eviCore website for Cardiology & Radiology to see updates 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→Cardiology & Radiology→*Search Health Plan* by typing in Highmark→Click on Highmark and then click on magnifying glass→ Click on the Cardiology & Radiology Guideline

Reminder: Musculoskeletal Coverage Guideline Update

NEWS FOR ALL PROVIDER TYPES

Highmark Blue Shield is providing a reminder to all providers.

The Musculoskeletal coverage guideline will be updated and take effect July 01, 2022. This applies to both professional provider and facility claims.

The updates to the Musculoskeletal guideline are as follows:
The significant changes are indicated below and affect:

- Joint Surgery Guidelines
  - CMM-311: Knee Replacement/Arthroplasty
- Pain Management Guidelines
  - CMM-200: Steroid Injections
- Spine Surgery Guidelines
  - CMM-601: Anterior Cervical Discectomy and Fusion.

To see any further editorial updates, follow the pathway provided below.

Joint Surgeries Guideline:

Section Name	Section Number	Procedure Code	Summary of Change
CMM-311: Knee Replacement/Arthroplasty	Definitions	N/A	placed definitions in alphabetical order
CMM-311: Knee Replacement/Arthroplasty	Definitions	27438, 27446, 27448, 27486, 27487	added Ketorlac to the examples listed for intraarticular injections under Non-surgical management
CMM-311: Knee Replacement/Arthroplasty	Partial Knee Replacement-not medically necessary	27438, 27446, 27448, 27486, 27487	added radiographic criteria that aligns with an ACL deficient osteoarthritic knee since an insufficient ACL is a contraindication to a medial unicompartmental knee arthroplasty
CMM-311: Knee Replacement/Arthroplasty	Revision of Knee Replacement-Partial or Total: Isolated polyethylene liner exchange (IPE)-medically necessary	27438, 27446, 27448, 27486, 27487	removed "flexion" for clarification to more accurately reflect instability for IPE
CMM-311: Knee Replacement/Arthroplasty	Experimental, Investigational, or Unproven (EIU)	27438, 27446, 27448, 27486, 27487	added "modular or monolithic/nonmodular" to clarify bicompartmental knee arthroplasty
CMM-311: Knee Replacement/Arthroplasty	Procedure (CPT) Codes	27437	editorial change to move to numerical order
CMM-311: Knee Replacement/Arthroplasty	References	N/A	References added.

Pain Management Guideline:

Section Name	Section Number	Procedure Code	Summary of Change
CMM-200: Epidural Steroid Injections	Definitions	N/A	• alphabetized definitions • added Session to definitions
CMM-200: Epidural Steroid Injections	General Guidelines	62320, 62321, 62324, 62325; 62322, 62323, 62326, 62327	• Removed redundant wording related to injectates • Clarified that only one invasive modality or procedure is allowed on the same date of service
CMM-200: Epidural Steroid Injections	• General Guidelines • Non-	62320, 62321, 62324, 62325;	• clarified therapeutic TFESIs allowed per session

	Indications: ESI	62322, 62323, 62326, 62327	
CMM-200: Epidural Steroid Injections	Indications: Epidural Steroid Injections	62322, 62323, 62326, 62327	• Added "lumbar" to clarify that the criteria to initial trial of ESI for symptomatic spinal stenosis is for the lumbar region
CMM-200: Epidural Steroid Injections	• Indications: Epidural Steroid Injections • Non-Indications: ESI	62320, 62321, 62324, 62325; 62322, 62323, 62326, 62327	• clarified conservative management non-indication criteria
CMM-200: Epidural Steroid Injections	• Non-Indications: ESI	62320, 62321, 62324, 62325; 62322, 62323, 62326, 62327	• clarified caudal ESI • added wording for criteria clarification "as another spinal interventional " to the non-indication criteria for when ESI is performed on same date of service
CMM-200: Epidural Steroid Injections	References	N/A	editorial changes where needed
CMM-200: Epidural Steroid Injections	entire guideline	N/A	• added reference

Spine Surgery Guideline:

Section Name	Section Number	Procedure Code	Summary of Change
CMM-601: Anterior Cervical Discectomy and Fusion	601.1: General Guidelines- Urgent/ emergent conditions	22551, 22552, 22554, 22585, 22845, 22846, 22853, 22854, 22859, 63075, 63076, 63081, 63082	• removed redundant wording from new-onset bowel or bladder dysfunction • content clarification with removal of "without" from "with or without neural compression" -> no reason to decompress if no neural compression • added "or Cord signal changes on MRI due to cord compression "
CMM-601: Anterior Cervical Discectomy and Fusion	601.2: Initial Primary Anterior Cervical Discectomy and Fusion (ACDF)- Myelopathy- Subjective Symptoms 601.3: Repeat Anterior Cervical	22551, 22552, 22554, 22585, 22845, 22846, 22853, 22854, 22859, 63075, 63076, 63081, 63082	• added "gait disturbance" for content clarification • removed redundant wording from new-onset bowel or bladder dysfunction

	Discectomy and Fusion (ACDF) at the Same Level-Myelopathy-Subjective Symptoms 601.4: Adjacent Segment Disease-Myelopathy-Subjective Symptoms 601.5: Failed Cervical Disc Arthroplasty Implant-Myelopathy-Subjective Symptoms		
CMM-601: Anterior Cervical Discectomy and Fusion	601.2: Initial Primary Anterior Cervical Discectomy and Fusion (ACDF)-Myelopathy-Objective Findings 601.3: Repeat Anterior Cervical Discectomy and Fusion (ACDF) at the Same Level-Myelopathy-Objective Findings 601.4: Adjacent Segment Disease-Myelopathy-Objective Findings 601.5: Failed Cervical Disc Arthroplasty Implant-Myelopathy-Objective Findings	22551, 22552, 22554, 22585, 22845, 22846, 22853, 22854, 22859, 63075, 63076, 63081, 63082	• added clarification to tandem walking test
CMM-601: Anterior Cervical Discectomy and Fusion	601.3: Repeat Anterior Cervical Discectomy and Fusion (ACDF) at the Same Level	22551, 22552, 22554, 22585, 22845, 22846, 22853, 22854, 22859, 63075, 63076, 63081, 63082	• Removed "requires medical review statement" for cervical fusion with a history of two (2) or more cervical fusions
CMM-601: Anterior Cervical Discectomy and Fusion	Entire guideline	N/A	• Editorial changes where needed
CMM-601: Anterior Cervical Discectomy and Fusion	601.8: References	N/A	• Added references

At that time, coverage guidelines can be accessed utilizing the live link from the medical policy website.

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

Criteria Revised for Discography

Highmark Blue Shield has included new criteria for S-237, Discography.

The following procedures are considered to be experimental/investigational:

- Functional anesthetic discography; or
- Contrast disc analysis with mapping.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is July 25, 2022.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy S-237, Discography, for additional information.

Coverage Guidelines Revised for Tildrakizumab-asmn (Ilumya)

Highmark's Medicare Advantage products have revised criteria Tildrakizumab-asmn (Ilumya).

The following criteria have been added to the policy:

- Treatment with phototherapy (e.g. PUVA, UVB) was ineffective, not tolerated or contraindicated. If member is not a candidate for phototherapy treatment (e.g. phototherapy is contraindicated due to history of lupus erythematosus, porphyria, or xeroderma pigmentosum), treatment with systemic therapy (e.g. methotrexate, cyclosporine) must have been ineffective or not tolerated, or all systemic therapies are contraindicated; **or**

This revised Medical Policy will apply to professional providers and/or facility claims. The effective date is May 30, 2022.

Place of Service: Outpatient

Please refer to Medicare Advantage Medical Policy I-199, Tildrakizumab-asmn (Ilumya), for additional information.

Criteria Revised for Treatment of Hereditary Amyloidosis

Highmark's Medicare Advantage products have revised criteria for treatment of hereditary amyloidosis to include authorization period of 12 months and the following:

Reauthorization Criteria

- Individual meets the above criteria; **and**
- Individual has documentation of a positive clinical response to patisiran (Onpattro) (e.g., improved or stabilized neurologic impairment, motor function, quality of life assessment, serum TTR levels, etc.); **or**
- Reauthorization will be for a 12-month period.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is May 30, 2022.

Place of Service: Outpatient

Please refer to Medicare Advantage Medical Policy I-201, Treatment of Hereditary Amyloidosis, 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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