# MEDICAL POLICY UPDATE

May 2022

HIGHMARK. DELAWARE

## IN THIS ISSUE


Updated Criteria for Wearable Cardioverter-Defibrillator ..... 6

Coverage Guidelines Established for Bevacizumab-maly (Alymsys) ..... 6

Policy Established for Nivolumab and Relatlimab-rmbw (Opdualag) ..... 6

Policy Established for Asparaginase Erwinia Chrysanthemi (Rylaze) ..... 7

Criteria Revised for Posterior Tibial Nerve Stimulation ..... 7

Criteria Revised for Diagnosis and Treatment of Obstructive Sleep Apnea for Adults ..... 8

Criteria Revised for Diagnosis and Treatment of Obstructive Sleep Apnea in Pediatric Individuals ..... 8

**Medicare Advantage** ..... 10

Policy Established for Nivolumab and Relatlimab-rmbw (Opdualag) ..... 10

Policy Criteria Revised for Tezepelumab-ekko (Tezspire) ..... 10

Policy Established for Asparaginase Erwinia Chrysanthemi (Rylaze) ..... 11


## Policy

| Policy Title | Anticipated Issue Date | 30 Day Notification Information |
|---|---|---|
| B-1 Coverage for Hearing Aids | 7/04/2022 | This policy is being updated as an annual review. Coding is being updated. The policy will publish on July 4, 2022. |
| E-58 Wearable Cardioverter-Defibrillator | 08/29/2022 | This policy was completed for annual review. Updated criteria will require 90-day notification. Updated criteria will more closely reflect Medicare. |
| G-47 Concussion testing | 7/11/2022 | This is the annual review of medical policy G-47. Language on the policy was updated and the criteria was reformatted. The policy will publish on July 11, 2022. |

| Policy Title | Anticipated Issue Date | 30 Day Notification Information |
|---|---|---|
| I-114 Levoleucovorin (Fusilev or Khapzory) | 7/04/2022 | This policy was scheduled for annual review. The policy will be archived. The policy will publish on July 4, 2022. |
| I-116 Ofatumumab (Arzerra) | 7/04/2022 | This policy was scheduled for annual review. This policy will be archived and will be published on July 4, 2022. |
| I-120 Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies | 7/04/2022 | This policy was scheduled for annual review. New to market Opadualog was added. Criteria and coding were also added. The policy will publish on July 4, 2022. |
| I-147 Talimogene Laherparepvec (Imlygic) | 7/04/2022 | This policy was scheduled for annual review. The NCCN statement was updated. The policy will publish on July 4, 2022. |
| I-148 Ramucirumab (Cyramza®) | 7/04/2022 | This policy was scheduled for annual review. The NCCN standard language was updated. The policy will publish on July 4, 2022. |
| I-158 Pegaspargase (Oncaspar), Asparaginase Erwinia Chrysanthemi (Erwinaze), and Calaspargase Pegol-mknl (Asparlas) | 7/4/2022 | This policy was scheduled for annual review. The NCCN section was updated with the NCCN statement. Coding was updated. Rylaze was newly added to policy. The policy will publish on July 4, 2022. |
| I-161 Irinotecan Liposomal (Onivyde) | 7/04/2022 | This policy was scheduled for annual review. The NCCN section is replaced with NCCN standard statement. Diagnosis codes were updated. Denial statement was updated. The policy will publish on July 4, 2022. |
| I-162 Olaratumab (Lartruvo) | 7/04/2022 | This policy was scheduled for annual review. Policy is being archived. Policy will publish on July 4, 2022. |
| I-166 Elotuzumab (Empliciti) | 7/04/2022 | This policy was scheduled for annual review. The NCCN section was updated to the standard statement with some minor language updates. The policy will publish on July 4, 2022. |
| I-170 Siltuximab (Sylvant) | 7/04/2022 | This policy was scheduled for annual review. The NCCN section was updated with the standard statement. There were some minor language updates. The policy will publish on July 4, 2022. |
| I-180 Chimeric Antigen Receptor T-Cell Therapy | 07/04/2022 | This policy is being revised to update criteria for a new indication for Yescarta. This policy will now include criteria for relapsed or refractory large B-cell lymphoma. Policy will publish July 4, 2022. |
| I-191 Aliqopa | 7/04/2022 | This policy was scheduled for annual review. NCCN section was replaced with standard statement. The coding was updated. The policy will publish on July 4, 2022. |
| I-21 Trastuzumab (Herceptin), Trastuzumab Biosimilars, and Trastuzumab and Hyaluronidase-oysk (Herceptin Hylecta) | 7/18/2022 | This policy is up for annual review. Policy criteria was updated, and language was revised to this standardized NCCN language. Additional diagnosis of biliary tract cancer was added to the policy. Policy will publish on July 18, 2022. |
| I-215 Enfortumab vedotin-ejfv (Padcev) | 7/04/2022 | This policy is up for annual review. Policy criteria has been revised to the standardized NCCN language. Coding revisions were also made to this policy. Policy will publish on July 4, 2022. |

| Policy Title | Anticipated Issue Date | 30 Day Notification Information |
|---|---|---|
| I-219 Fam-trastuzumab Deruxtecan-nxki (Enhertu) | 7/04/2022 | This policy is up for annual review. Policy criteria was revised to the standardized NCCN language. Coding changes were made to reflect the additional covered diagnosis of esophageal and esophagogastric cancer. Policy will publish on July 4, 2022. |
| I-235 Margetuximab-cmkb (Margenza) | 7/11/2022 | This policy is up for annual review. Policy criteria was revised to standardized NCCN language and a minor coding change was made. Policy will publish on July 11, 2022. |
| I-59 Gemcitabine | 7/11/2022 | This policy is up for annual review. Coverage criteria was revised to the standardized NCCN language. Coding revisions were also made to the policy to capture the covered diagnosis of salivary gland tumors, advanced head and neck cancers and peritoneal mesothelioma. Policy will publish on July 11, 2022. |
| I-79 Plerixafor (Mozobil) | 7/25/2022 | This policy is up for annual review. Policy was updated to the standardized NCCN language and coding revisions were also made. Policy will publish on July 25, 2022. |
| I-86 Bevacizumab (Avastin) and Bevacizumab Biosimilars | 7/25/2022 | This policy is up for annual review. Policy criteria was revised and updated to the standardized NCCN language. Additional covered indication of ampullary carcinoma was added. Policy will publish on July 25, 2022. |
| I-88 Granulocyte Colony-Stimulating Factors | 07/04/2022 | This policy is being updated to include criteria for new to market therapy Releuko (filgrastim-ayow), a biosimilar to Neupogen. This policy will publish July 4, 2022. |
| I-89 Carboplatin (Paraplatin) | 07/18/2022 | This policy is up for annual review. Policy criteria was revised to the standardized NCCN language. Coding updates were made to include the additional dx of salivary gland tumor and malignant peritoneal mesothelioma. Policy will publish on July 18, 2022. |
| L-28 Tumor Markers | 7/04/2022 | This policy is scheduled for annual review. Verbiage and ICD coding updated. This policy will publish on July 4, 2022. |
| L-32 Laboratory Studies for Diagnosing and Managing Inflammatory Bowel Disease | 7/04/2022 | This policy is scheduled for annual review. Minimal administrative updates were made. This policy is scheduled to publish July 4, 2022. |
| M-18 Cardiac Ablation Procedures | 7/04/2022 | This is the annual review for this policy there are CPT codes added and some diagnostic codes removed from the policy. Policy to publish July 4, 2022. |
| M-34 Electroencephalogram (EEG) Technologies | 7/04/2022 | This is the annual review of M-34. Coding and criteria were updated. Diagnosis codes are now applied on a pre-pay basis. The policy will publish on July 4, 2022. |
| M-52 External Counterpulsation | 7/04/2022 | This policy is up for annual review. Removing from the title the parenthesis (ECP), removing the NYHA and replacing with the Canadian grading guidelines. Policy to publish on July 4, 2022. |
| M-61 Autonomic Nervous System Function Testing | 7/11/2022 | This is the annual review of M-61 Autonomic Nervous System Function Testing. Denial statement, diagnosis |

| Policy Title | Anticipated Issue Date | 30 Day Notification Information |
|---|---|---|
| | | codes, and indications have been updated. The policy will publish on July 11, 2022. |
| M-62 Polysomnography for Non-Respiratory Sleep Disorders | 8/29/2022 | This is the annual review of medical policy M-62. This policy was combined with medical policies Z-8 and Z-64 and will be archived. The policy will publish on August 29, 2022. |
| S-11 Pheresis Therapy | 7/04/2022 | This policy is up for annual review. Removal of diagnosis codes that do NOT pertain to this policy. Adding Dx code O14.20. Publish date July 4, 2022. |
| S-128 Photodynamic Therapy with Porfimer Sodium | 7/04/2022 | This policy is scheduled for annual review. ICD diagnosis codes updated for specificity. This policy is scheduled to publish July 4, 2022. |
| S-133 Endovascular/Endoluminal Stent Grafts | 7/04/2022 | This policy was up for annual review. There are no changes made to the policy. Publish date is July 4, 2022. |
| S-143 Donor Leukocyte Infusion for Hematologic Malignancies that Relapse after Allogeneic Cell Transplant | 7/04/2022 | This policy is scheduled for annual review. This policy is being archived. The criteria and coding are being moved to S-272, Hematopoietic Cell Transplantation: Blood Cancers. This policy will publish on July 4, 2022. |
| S-181 Coronary Revascularization | 7/04/2022 | This is up for annual review and there are no changes to the policy. Publish date is July 4, 2022. |
| S-192 Ultrafiltration in Decompensated Heart Failure | 7/4/2022 | This policy was up for annual review. There are no changes to this policy. Publish date is July 4, 2022. |
| S-206 Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma | 7/04/2022 | This policy is scheduled for annual review. This policy is being archived. The criteria and coding are being moved to S-272, Hematopoietic Cell Transplantation: Blood Cancers. This policy will publish on July 4, 2022. |
| S-207 Hematopoietic Cell Transplantation for Multiple Myeloma and POEMS Syndrome | 7/04/2022 | This policy is scheduled for annual review. This policy is being archived. The criteria and coding are being moved to S-272, Hematopoietic Cell Transplantation: Blood Cancers. This policy will publish on July 4, 2022. |
| S-208 Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas | 7/04/2022 | This policy is scheduled for annual review. This policy is being archived. The criteria and coding are being moved to S-272, Hematopoietic Cell Transplantation: Blood Cancers. This policy will publish on July 4, 2022. |
| S-209 Allogeneic Hematopoietic Cell Transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms | 7/04/2022 | This policy is scheduled for annual review. This policy is being archived. The criteria and coding are being moved to S-272, Hematopoietic Cell Transplantation: Blood Cancers. This policy will publish on July 4, 2022. |
| S-214 Hematopoietic Cell Transplantation for Acute Myeloid Leukemia | 7/04/2022 | This policy is scheduled for annual review. This policy is being archived. The criteria and coding are being moved to S-272, Hematopoietic Cell Transplantation: Blood Cancers. This policy will publish on July 4, 2022. |
| S-217 Hematopoietic Cell Transplantation for Hodgkin Lymphoma | 7/04/2022 | This policy is scheduled for annual review. This policy is being archived. The criteria and coding are being moved to S-272, Hematopoietic Cell Transplantation: Blood Cancers. This policy will publish on July 4, 2022. |
| S-218 Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia | 7/04/2022 | This policy is scheduled for annual review. This policy is being archived. The criteria and coding are being moved to S-272, Hematopoietic Cell Transplantation: Blood Cancers. This policy will publish on July 4, 2022. |

| Policy Title | Anticipated Issue Date | 30 Day Notification Information |
|---|---|---|
| S-220 Hematopoietic Cell Transplantation for Acute Lymphoblastic Leukemia | 7/04/2022 | This policy is scheduled for annual review. This policy is being archived. The criteria and coding are being moved to S-272, Hematopoietic Cell Transplantation: Blood Cancers. This policy will publish on July 4, 2022. |
| S-223 Hematopoietic Cell Transplantation for Primary Amyloidosis | 7/04/2022 | This policy is scheduled for annual review. This policy is being archived. The criteria and coding are being moved to S-272, Hematopoietic Cell Transplantation: Blood Cancers. This policy will publish on July 4, 2022. |
| S-224 Hematopoietic Cell Transplantation for Waldenström Macroglobulinemia | 7/04/2022 | This policy is scheduled for annual review. This policy is being archived. The criteria and coding are being moved to S-272, Hematopoietic Cell Transplantation: Blood Cancers. This policy will publish on July 4, 2022. |
| S-245 Percutaneous Left Atrial Appendage Closure Devices | 7/4/2022 | This policy was up for annual review. Changes made to the policy to remove ALL devices, i.e., Watchman ets and make the policy all FDA approved devices are allowable. Publish date 07/04/2022. |
| S-248 Radiofrequency Ablation of Peripheral Nerves to Treat Chronic Knee Pain | 7/11/2022 | This is the annual review of S-248. Genicular nerve blocks, nerve cryoablation, and SI joint RFA have been moved from Z-67 and added to S-248. The policy will publish on July 11, 2022. |
| S-272 Hematopoietic Cell Transplantation: Blood Cancers | 07/04/2022 | This is a new policy combining the following policies to create HMK S-272, Hematopoietic Cell Transplantation: Blood Cancers from the following 11 policies: S-143, S-206, S-207, S-208, S-209, S-214, S-217, S-218, S-220, S-223, S-224. Coding has been updated to reflect criteria. Administrative changes have been made. Policy will publish July 4, 2022. |
| Y-1 Physical Medicine | 7/04/2022 | This policy is scheduled for annual review. Language was added to the policy to reflect chiropractic services. There were changes to the operational guidelines for clarity. The policy will publish on July 4, 2022. |
| Y-2 Occupational Therapy | 7/04/2022 | This policy is scheduled for annual review. The policy language was updated with the addition of information regarding E/M service for physical therapy. Procedure codes were added to the policy. The policy will publish on July 4, 2022. |
| Y-9 Manipulation Services | 7/04/2022 | This policy is being updated to remove language regarding physical medicine procedures. Procedure codes were added to the policy and the operational guidelines were updated. The policy will publish on July 4, 2022. |
| Z-67 Experimental/Investigational Services | 7/11/2022 | The following procedure codes are being relocated from Z-67 to S-248: 0440T, 0441T, 0442T, 64454, and 64625. J9021 is being added to I-158. Policy to publish July 11, 2022. |
| Z-75 Posterior Tibial Nerve Stimulation | 8/29/2022 | This is the annual review of medical policy Z-75. The denial statement and criteria has been updated. The policy will publish on August 29, 2022. |
| Z-8 Diagnosis and Treatment of Obstructive Sleep Apnea for Adults | 8/29/2022 | This policy was up for annual review. There is a 90-day notification attached with this policy for criteria revision. Publish date is August 29, 2022. |

# Policy

## Updated Criteria for Wearable Cardioverter-Defibrillator


Highmark Delaware has revised criteria for E-58 Wearable Cardioverter-Defibrillator. The policy is updated to more accurately reflect standards of care.

This revised Medical Policy will apply to professional providers and/or facility claims. The effective date is August 29, 2022.

**Place of Service:**

Please refer to Medical Policy E-58 Wearable Cardioverter-Defibrillator, for additional information.

## Coverage Guidelines Established for Bevacizumab-maly (Alymsys)


Highmark Delaware has established new guidelines for bevacizumab-maly (Alymsys).

This revised Medical Policy will apply to professional providers and facility claims. The effective date is July 4, 2022.

**Place of Service: Outpatient**

Please refer to Medical Policy I-86, Bevacizumab (Avastin) and Bevacizumab Biosimilars, for additional information.

## Policy Established for Nivolumab and Relatlimab-rmbw (Opdualag)


Highmark Delaware has established new criteria for Nivolumab and Relatlimab-rmbw (Opdualag).

This new criteria will apply to professional providers and facility claims. The effective date is July 4, 2022.

**Place of Service: Outpatient**

Please refer to Medical Policy I-120 Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies, for additional information.

## Policy Established for Asparaginase Erwinia Chrysanthemi (Rylaze)


Highmark Delaware has established new criteria for Asparaginase Erwinia Chrysanthemi (Rylaze).

This new criteria will apply to professional providers and facility claims. The effective date is July 11, 2022.

**Place of Service: Outpatient**

Please refer to Medical Policy I-158 Pegaspargase (Oncaspar), Asparaginase Erwinia Chrysanthemi (Erwinaze, Rylaze), and Calaspargase Pegol-mknl (Asparlas), for additional information.

## Criteria Revised for Posterior Tibial Nerve Stimulation


Highmark Delaware has revised criteria for Z-75, Posterior Tibial Nerve Stimulation.

Documented intolerance, contraindication, or failure with treatment outcomes (after at least a 4-week trial) to at least two anti-cholinergic drugs prior to the PTNS therapy initiation for the following conditions:

- Overactive bladder; or
- Urge incontinence; or
- Frequency-urgency syndrome; or
- Neurogenic bladder dysfunction.

PTNS maintenance therapy that goes beyond the initial 12 sessions may be considered medically necessary at a frequency of up to one (1) session every month for up to a maximum of three (3) years when **ALL** of the following criteria are met:

- There is documented completion and tolerance during the initial PTNS therapy (i.e. first 12 sessions of PTNS); **and**
- There is a documented improvement of the symptoms (50% reduction or greater) of urinary frequency, nocturia, and/or urinary urgency during the initial PTNS therapy.

The maximum lifetime number of PTNS treatments will be 48 total. PTNS treatments that exceed the frequency guidelines listed on the policy are considered not medically necessary.

Implantable tibial nerve stimulation is considered not medically necessary.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is August 29, 2022.

**Place of Service: Inpatient/Outpatient**

Please refer to Medical Policy Z-75, Posterior Tibial Nerve Stimulation, for additional information.

## Criteria Revised for Diagnosis and Treatment of Obstructive Sleep Apnea for Adults


Highmark Delaware has revised criteria for Z-8, Diagnosis and Treatment of Obstructive Sleep Apnea in Adult Individuals. Criteria for PSG/RLS has been removed from M-62, Polysomnography for Non-Respiratory Sleep Disorders, and added to Z-8. The policy will now indicate the following:

PSG/RLS Criteria:

PSG may be considered medically necessary for the diagnosis of periodic limb movement disorder when ALL of the following are criteria met:

- A complaint of repetitive limb movement during sleep by the individual or an observer; and
- No other concurrent sleep disorder; and
- At least ONE of the following is present:
    - Frequent awakenings; or
    - Fragmented sleep; or
    - Difficulty maintaining sleep; or
    - Excessive daytime sleepiness.

PSG for the diagnosis of periodic limb movement disorder is considered not medically necessary when there is concurrent:

- Untreated obstructive sleep apnea; or
- Restless legs syndrome (RLS); or
- Narcolepsy; or
- REM sleep behavior disorder.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is August 29, 2022.

**Place of Service: Inpatient/Outpatient**

Please refer to Medical Policy Z-8, Diagnosis and Treatment of Obstructive Sleep Apnea for Adults, for additional information.

## Criteria Revised for Diagnosis and Treatment of Obstructive Sleep Apnea in Pediatric Individuals


Highmark Delaware has revised criteria for Z-64, Diagnosis and Treatment of Obstructive Sleep Apnea in Pediatric Individuals. Criteria for PSG/RLS and Actigraphy has been removed from M-62, Polysomnography for Non-Respiratory Sleep Disorders, and added to Z-64. The policy will now indicate the following:

PSG/RLS Criteria:

PSG may be considered medically necessary when evaluating individuals with parasomnias when there is a history of sleep related injurious or potentially injurious disruptive behaviors.

PSG may be considered medically necessary for the diagnosis of periodic limb movement disorder when ALL of the following are criteria met:

- A complaint of repetitive limb movement during sleep by the individual or an observer; and
- No other concurrent sleep disorder; and
- At least ONE of the following is present:
    - Frequent awakenings; or
    - Fragmented sleep; or
    - Difficulty maintaining sleep; or
    - Excessive daytime sleepiness.

PSG for the diagnosis of periodic limb movement disorder is considered not medically necessary when there is concurrent:

- Untreated obstructive sleep apnea; or
- Restless legs syndrome (RLS); or
- Narcolepsy; or
- REM sleep behavior disorder.

**Actigraphy**

Actigraphy in conjunction with PSG may be considered medically necessary to evaluate sleep disorders for individuals 17 years or younger.

Actigraphy used as a sole technique to record and analyze body movement to evaluate sleep disorders not meeting the criteria as indicated in this policy is considered not medically necessary.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is August 29, 2022.

**Place of Service: Inpatient/Outpatient**

Please refer to Medical Policy Z-64, Diagnosis and Treatment of Obstructive Sleep Apnea in Pediatric Individuals, for additional information.

## Policy Established for Nivolumab and Relatlimab-rmbw (Opdualag)

NEWS FOR ALL PROVIDER TYPES

MA MEDICARE ADVANTAGE

Highmark's Medicare Advantage products have established new criteria for Nivolumab and Relatlimab-rmbw (Opdualag).

This new criteria will apply to professional providers and facility claims. The effective date is July 4, 2022.

Please refer to Medical Policy I-120 Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies, for additional information.

## Policy Criteria Revised for Tezepelumab-ekko (Tezspire)

NEWS FOR ALL PROVIDER TYPES

MA MEDICARE ADVANTAGE

Highmark's Medicare Advantage products have revised criteria for Monoclonal Antibodies for the Treatment of Asthma and Eosinophilic Conditions with the following additions:

Benralizumab (Fasenra), mepolizumab (Nucala), omalizumab (Xolair), reslizumab (Cinqair) or dupilumab (Dupixent) are the **preferred products** required for members initiating new therapy for allergic or eosinophilic asthma. A **non-preferred product** (tezepelumab-ekko (Tezspire)) will be considered when the member has documented therapy failure after an adequate therapeutic trial of a preferred product or the preferred product has not been tolerated or is contraindicated.

Adequate therapeutic trial is defined as four (4) months of compliant use at Food and Drug Administration (FDA) or compendia based therapeutic doses of preferred product.

New therapy is defined as no previous utilization within the last 365 calendar days.

For approval criteria for tezepelumab-ekko (Tezspire):

- For individual with diagnosis of eosinophilic or allergic asthma:
    - Individual has experienced therapeutic failure or intolerance to at least **ONE** of the following: benralizumab (Fasenra), mepolizumab (Nucala), omalizumab (Xolair), reslizumab (Cinqair) or dupilumab (Dupixent); **or**
    - Individual has contraindications to **ALL** of the following for eosinophilic asthma: benralizumab (Fasenra), mepolizumab (Nucala), reslizumab (Cinqair) and dupilumab (Dupixent); **or**
    - Individual has contraindications to omalizumab (Xolair) for allergic asthma; **and**

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

Please refer to Medical Policy I-146, Monoclonal Antibodies for the Treatment of Asthma and Eosinophilic Conditions, for additional information.

## Policy Established for Asparaginase Erwinia Chrysanthemi (Rylaze)


Highmark's Medicare Advantage products have established new criteria for Asparaginase Erwinia Chrysanthemi (Rylaze).

This new criteria will apply to professional providers and facility claims. The effective date is July 11, 2022.


Please refer to Medical Policy I-158 Pegaspargase (Oncaspar), Asparaginase Erwinia Chrysanthemi (Erwinaze, Rylaze), and Calaspargase Pegol-mknl (Asparlas), 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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## About this Newsletter

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