



# MEDICAL POLICY UPDATE

FOR PROFESSIONAL AND FACILITY PROVIDERS



June 2021

## In This Issue

Coverage Guidelines Established for Melphalan Flufenamide (Pepaxto) .....	2
REMINDER: Cardiology & Radiology Imaging Coverage Guidelines .....	3
Oncology Compendia Guidelines .....	3
Contents .....	4

## Policy

### Revised Criteria for Wound Care Policy



Highmark Delaware has revised criteria for E-31 Negative Pressure Wound Therapy Pumps/Vacuum Assisted Closure of Chronic Wounds.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is August 30, 2021.

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

Please refer to Medical Policy E-31 Negative Pressure Wound Therapy Pumps/Vacuum Assisted Closure of Chronic Wounds, for additional information.

## Coverage Guidelines Established for Melphalan Flufenamide (Pepaxto)



Highmark Delaware has established new guidelines for melphalan flufenamide (Pepaxto) to include the following:

### Food and Drug Administration (FDA) Indications

Melphalan flufenamide (Pepaxto) may be considered medically necessary when the following criteria are met:

- Individual diagnosed with relapsed or refractory multiple myeloma; **and**
- Individual has received at least four (4) prior lines of therapy; **and**
- Disease is refractory to at least one (1) of **EACH** of the following:
  - Proteasome inhibitor; **and**
  - Immunomodulatory agent; **and**
  - CD38-directed monoclonal antibody; **and**
- Melphalan flufenamide (Pepaxto) will be given in combination with dexamethasone; **or**

### National Comprehensive Cancer Network (NCCN) Recommendations

#### Multiple Myeloma

- Therapy in combination with dexamethasone for previously treated multiple myeloma for relapse or progressive disease in individuals who:
  - Have received at least four (4) prior lines of therapy; **and**
  - Individual has disease that is refractory to at least one (1) of **EACH** of the following:
    - Proteasome inhibitor; **and**
    - Immunomodulatory agent; **and**
    - CD38-directed monoclonal antibody

The use of melphalan flufenamide (Pepaxto) for all other indications is considered experimental/investigational, and therefore, non-covered. Peer reviewed literature does not support the use of melphalan flufenamide (Pepaxto) for any other indications

This Medical Policy will apply to professional and facility claims. The effective date was May 31, 2021

#### Place of Service: Outpatient

Please refer to Medical Policy I-237, Melphalan flufenamide (Pepaxto), for additional information.

## REMINDER: Cardiology & Radiology Imaging Coverage Guidelines



Highmark Delaware is providing a reminder to all providers.

The Cardiology & Radiology Imaging coverage guidelines will be updated and take effect September 1, 2021. This applies to both professional provider and facility claims.

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

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## Oncology Compendia Guidelines



Highmark Delaware will be updating how compendia recommendations are documented within medical policy. Upon subsequent review, Compendia indications will no longer be outlined within Highmark medical policies.

Compendia recommendations graded as 1, 2a or 2b for oncology indications will continue to be considered medically necessary. Compendia recommended indications that are identified as a Grade 3 rating will remain not medically necessary except under individual consideration or where mandated by an individual state.

The following statement indicating that the most current recommendations will be considered medically necessary will take the place of the currently represented compendia recommendations:

- [The drug which is the topic of the policy] may be considered medically necessary for treatment of any of the current category 1, 2A, or 2B compendia recommendations (NCCN, Clinical Pharmacology, MicroMedex, AHFS, Lexi-Comp, etc.).

This revised language will apply to professional providers and facility claims. The effective date is August 30, 2021.

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

Please refer to the Medical Policy for each specific oncology drug (if available), for additional information.

## Comments on these new 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).

## Contents

Revised Criteria for Wound Care Policy ..... 1

Coverage Guidelines Established for Melphalan Flufenamide (Pepaxto)..... 2

REMINDER: Cardiology & Radiology Imaging Coverage Guidelines ..... 3

Oncology Compendia Guidelines..... 3

Comments on these new medical policies?..... 4

Contents ..... 4



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## About this newsletter

*Medical Policy Update* is the monthly newsletter for most health care professionals (and office staff) and facilities who participate in our networks and submit claims to Highmark using the 837P HIPAA transaction or the CMS 1500 form, or the 837I HIPAA transaction.

*Medical Policy Update* 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 [www.highmarkbcbsde.com](http://www.highmarkbcbsde.com).

### Inquiries about Eligibility, Benefits, Claims Status or Authorizations

For inquiries about eligibility, benefits, claim status or authorizations, Highmark Delaware encourages providers to use the electronic resources available to them - Navinet® and the applicable HIPAA transactions – prior to placing a telephone call to the Provider Service Center at 1-866-346-6262.

### Acknowledgement

The five-digit numeric codes that appear in *Medical Policy Update* were obtained from the *Current Procedural Terminology (CPT)*, as contained in CPT-2021. Copyright 2020, by the American Medical Association. *Medical Policy Update* includes *CPT* descriptive terms and numeric procedure codes and modifiers that are copyrighted by the American Medical Association. These procedure codes and modifiers are used for reporting medical services and procedures.