

MEDICAL POLICY UPDATE



October 2021



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Policy

Criteria Revised for Pain Management of Peripheral Nerves by Injection



Highmark Delaware has revised criteria for Z-52, Pain Management of Peripheral Nerves by Injection. Peripheral nerve blocks should be resolved after one (1) to four (4) injections at a specific site. Injections beyond four (4) in a floating 12-month period are considered not medically necessary.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is January 24, 2022.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy Z-52, Pain Management of Peripheral Nerves by Injection, for additional information.

Updated Criteria for Devices Used for the Treatment of Obstructive Sleep Apnea in Adults



Highmark Delaware has established new criteria for E-20 Devices Used for the Treatment of Obstructive Sleep Apnea in Adults. Daytime electrical stimulation devices of the tongue are considered experimental and investigational.

This revised Medical Policy will apply to professional providers. The effective date is January 24, 2022.

Place of Service: Outpatient

Please refer to Medical Policy E-20 Devices Used for the Treatment of Obstructive Sleep Apnea in Adults, for additional information.

Criteria Revised for Arthrex Bovine Collagen



Highmark Delaware has revised criteria for S-264, Arthrex Bovine Collagen.

The following criteria is being added to the policy:

Acellular dermal matrix grafts may be considered medically necessary for superior capsular reconstruction when ALL of the following criteria are met:

- Pain unrelieved through non-surgical treatment; **and**
- Decreased mobility; **and**
- Planned procedure includes one of the following:
 - Latissimus dorsi tendon transfer; **or**
 - Lower trapezius tendon transfer.

This revised Medical Policy will apply to professional providers and/or facility claims. The effective date is January 24, 2022.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy S-264, Arthrex Bovine Collagen, for additional information.

Criteria Revision for Non-spinal Bone Growth Stimulation



Highmark Delaware has revised criteria for S-89, Non-spinal Bone Growth Stimulation.

The following criteria is being added to the policy:

- Noninvasive, non-spinal electrical bone growth stimulation may be considered medically necessary as a treatment of failed fusion of the appendicular skeleton when a minimum of nine (9) months has elapsed since the last surgical intervention.

This revised Medical Policy will apply to professional providers and/or facility claims. The effective date is January 24, 2022.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy S-89, Non-spinal Bone Growth Stimulation, for additional information.

Policy Established for Amivantamab-vmjw (Rybrevant)



Highmark Delaware has established new guidelines for I-241, Amivantamab-vmjw (Rybrevant).

This new Medical Policy will apply to professional providers and/or facility claims. The effective date was October 4, 2021.

Place of Service:

Please refer to Medical Policy I-241 Amivantamab-vmjw (Rybrevant) 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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