HIGHMARK

June 2024

MEDICAL POLICY UPDATE

IN THIS ISSUE

Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
A-0149 - Quantitative Allergen-Specific IgE Antibody Assays	12/30/2024	This is a new MCG guideline being adopted for NY only. This MCG guideline will publish for NY at end of year 2024.
A-0599 - Hemochromatosis - HFE Gene	12/30/2024	This is a new MCG guideline being adopted for NY only. This MCG guideline will publish for NY end of year 2024.
A-0600 – Factor C Leiden Thrombophilia	12/30/2024	This is a new MCG guideline being adopted for NY only. This MCG guideline will publish for NY end of year 2024.
A-18 - Ultra Rapid Detoxification	07/29/2024	This is an annual review. There is no indication for change in coverage.
B-11 - Out of Network Specialists – DE only	07/01/2024	This is an annual review for DE only. There is no indication for change in coverage.
G-44 Extracorporeal Membrane Oxygenation (ECMO)	08/12/2024	This policy is being archived on August 12, 2024.

I-16 - Leuprolide/Leuprolide Acetate (Lupron, Lupron De	08/05/2024	This policy is scheduled for annual review. Policy updates include language revisions.
I-32 - Intravenous Anesthetics for the Treatment of Chr	08/05/2024	This policy is up for annual review. There is no indication for a change in coverage.
I-33 - Belimumab (Benlysta®)	08/26/2024	This policy is scheduled for annual review. There is no indication for change in coverage.
I-92 - Naltrexone Extended Release Injection (Vivitrol®	07/29/2024	This policy is up for annual review. There is no indication for change in coverage. Minor administrative changes were made to the policy.
I-122 - Treatment of Hereditary Angioedema (HAE)	07/29/2024	This policy is scheduled for annual review. Policy updates include language revisions and addition of reauthorization criteria.
MA I-122 - Treatment of Hereditary Angioedema (HAE)	07/29/2024	This policy is being updated with language and coding revisions.
I-126 - Alpha1-Proteinase Inhibitor Infusions	08/26/2024	This policy is scheduled for annual review. There is no indication for change in coverage.
I-127 - Blinatumomab (Blincyto)	08/26/2024	This policy is scheduled for annual review. There is no indication for change in coverage.
MA I-127 - Blinatumomab (Blincyto)	08/26/2024	This policy is scheduled for annual review. Policy updates include language revisions. There is no indication for change in coverage.
MA I-136 - Brentuximab Vedotin (Adcetris)	08/05/2024	This policy is scheduled for annual review. Policy updates include language revisions. There is no indication for change in coverage.
I-143 - Inhalation Products for the Management of Cystic Fibrosis	07/29/2024	This policy is scheduled for annual review. There is no indication for change in coverage.
I-158 - Pegaspargase (Oncaspar), Asparaginase Erwinia Chrysanthemi (Erwinaze, Rylaze), and Calaspargase Pegol-mknl (Asparlas)	07/19/2024	This policy is scheduled for annual review. There is no indication for change in coverage.

MA I-158 - Pegaspargase (Oncaspar), Asparaginase Erwinia Chrysanthemi (Erwinaze, Rylaze), and Calaspargase Pegol-mknl (Asparlas)	07/19/2024	This policy is scheduled for annual review. Policy updates include language revisions. There is no indication for change in coverage.
I-175 - Sandostatin LAR	07/29/2024	This policy is scheduled for annual review. Policy updates include language and coding revisions.
I-180 - Chimeric Antigen Receptor T-Cell Therapy	07/08/2024	This policy is being updated with an expanded indication for Breyanzi.
I-212 - Esketamine (Spravato)	08/05/2024	This policy is up for annual review. Per FIPR adding addition criteria to the policy including continuation of therapy criteria and the restriction of using concurrent TMS therapy. Additional coding updates were made.
I-213 - Brexanolone (Zulresso)	09/29/2024	This policy is up for annual review. There is no indication for change in coverage.
I-233 - Lumasiran (Oxlumo)	08/26/2024	This policy is scheduled for annual review. There is no indication for change in coverage.
MA I-240 - Lumasiran (Oxlumo)	08/26/2024	This policy is scheduled for annual review. There is no indication for change in coverage.
I-273- ADAMTS13, recombinant-krhn (Adzynma)	07/08/2024	This policy is being updated with language revisions to define parameters for prophylactic vs on-demand therapy.
L-291- Nodify XL2	09/23/2024	This is a new policy for NY only. Criteria has been documented for medical necessity.
Nogapendekin alfa inbakicept-pmln (Anktiva)	07/08/2024	This is a new policy created to establish criteria for new to market therapy Nogapendekin alfa inbakicept-pmln (Anktiva), an intravesical therapy indicated with Bacillus Calmette-Guérin (BCG) for the treatment of adult patients with BCGunresponsive nonmuscle

		invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors.
O-16 - Parenteral Nutrition	07/29/2024	This is an annual review. There is no indication for change in coverage.
R-107 - Image-Guided Superficial Radiotherapy – NY only	07/29/2024	This a new policy to address image guided superficial radiotherapy in NY only. No MPU is required.
S-275 - Prostate Disease: Diagnosis, Staging, and Treatment	07/29/2024	Policy updated with the removal of the radical prostatectomy procedure codes which will be addressed on an MCG guideline. Simple prostatectomy procedure codes and criteria will remain on this policy.
S-906 Prostatectomy, Radical	07/29/2024	This is a new MCG guideline being adopted for all states.
Z-24 - Miscellaneous Services	09/23/2024	This policy is scheduled for annual review. Updates to the clinical criteria and coding have been made.
Z-105 - Prescription Digital Therapeutics	07/29/2024	Policy is scheduled for annual review. Prescription Digital Therapeutics product names added and updated to the policy. Virtual reality cognitive behavioral therapy device changed to medically necessary.

Coverage Guidelines Revised for Miscellaneous Services

Highmark Blue Cross Blue Shield has revised criteria for Miscellaneous Services.

The following are considered to be not medically necessary:

- Continuous Passive Motion (CPM) remote stationary cycling device (i.e., ROM3® Rehab, ROMTech AccuAngle®, ROMTech PortableConnect®).

This revised Medical Policy will apply to professional providers and facility claims. The effective date is September 23, 2024.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy Z-24, Miscellaneous Services, for additional information.

Policy Established for Nodify XL2

Highmark Blue Cross Blue Shield has established new criteria for L-291, Nodify XL2.

New criteria established is:

Nodify XL2 may be considered medically necessary when **ALL** of the following criteria are met:

- Individual has been diagnosed with a lung nodule measuring between 8mm and 30mm; **and**
- Individual is not already known to be high risk for malignancy.

Nodify XL2 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 September 23, 2024.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy L-291, Nodify XL2, for additional information.

New MCG Guidelines to be Adopted for September 30, 2024

Highmark Blue Cross Blue Shield plans to adopt the following guidelines from MCG beginning September 30th, 2024.

Policy Number	Location	Policy Title
A-0184	MCG	Rhinoplasty
M-157	MCG	Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion
M-333	MCG	Left Atrial Appendage Closure, Percutaneous
M-52	MCG	Percutaneous Coronary Intervention
S-1310	MCG	Percutaneous Revascularization, Lower Extremity
S-140	MCG	Aortic Aneurysm, Thoracic, Repair with Graft
S-300	MCG	Carotid Endarterectomy
S-860	MCG	Mastectomy, Complete

This adoption of MCG guidelines will apply to professional providers and/or facility claims. The effective date is September 30, 2024.

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

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.
