

# MEDICAL POLICY UPDATE

August 2022



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Policy

<b>Policy Title</b>	<b>Anticipated Issue Date</b>	<b>30 Day Notification Information</b>
E-5 Tumor Treatment Fields	10/03/2022	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on October 3, 2022.
G-46 Inhaled Nitric Oxide	10/10/2022	This policy is up for annual review. Minor administrative updates made. Policy will publish on October 10, 2022.
G-9 Diagnosis and Treatment of Male Sexual Dysfunction	10/10/2022	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on October 10, 2022.
I-199 Tildrakizumab-asmn (Ilumya)	08/29/2022	This policy is being updated to include new to market Skyrizi IV formulation. Policy will publish August 29, 2022.
I-213 Brexanolone (Zulresso)	10/03/2022	This policy is up for annual review. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on October 3, 2022 with the standard 30 day notification.
I-28 Infliximab and Infliximab Biosimilars	10/24/2022	This policy is up for annual review. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on October 24, 2022.
I-37 Ustekinumab (Stelara)	10/10/2022	This policy is up for annual review. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on October 10, 2022.
I-53 Omalizumab (Xolair)	10/24/2022	This policy is up for annual review. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on October 24, 2022 with a 90 day notification.
I-78 Intravitreal Implants	11/28/2022	This policy is up for annual review. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on November 28, 2022 with a 90 day notification.
I-88 Granulocyte Colony-Stimulating Factors	11/01/2022	This policy is being updated to include new to market therapy pegfilgrastim-pbbk Fylnetra biosimilar to Neulasta. Policy will publish November 1, 2022.
L-10 Selected Tests for Rheumatic Diseases	10/10/2022	This policy is scheduled for annual review. Procedural and Diagnosis coding updated, otherwise minor administrative changes. The policy will publish on October 10, 2022.
L-191 Intracellular Micronutrient Testing Panel	10/10/2022	This policy is up for annual review. Minor administrative updates made. Policy will publish on October 10, 2022.
L-260 Prostate Specific Antigen	10/10/2022	This policy is up for annual review. Minor administrative updates made. Policy will publish on October 10, 2022

Policy Title	Anticipated Issue Date	30 Day Notification Information
M-13 Intraoperative Neurophysiologic Monitoring (Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring)	11/17/2022	This policy was reviewed on a request from FIPR. Additional criteria include documentation of American Board of Medical Specialties certification and the monitoring of one case at a time. An MPU is necessary, and the policy will publish on November 28, 2022.
M-7 Electronystagmography and Videonystagmography Services	10/03/2022	Recommend maintaining the current POS listed in the policy as inpatient/outpatient with the default statement. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on October 3, 2022.
S-201 Balloon Ostial Dilatation of the Sinus and Implantable Sinus Stents	10/10/2022	This policy is scheduled for annual review. Minor administrative updates made. The policy will publish on October 10, 2022.
V-2 Concurrent Care	10/03/2022	This policy is a benefit policy. There is no indication to revise the criteria. Recommend maintaining the current POS listed in the policy as inpatient with the default statement. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on October 3, 2022.
V-3 Billing of Observation Services	10/03/2022	This policy is up for annual review. The coding is being revised and updated to only include applicable procedure codes of observation services. Recommend maintaining the current POS listed in the policy as outpatient with the default statement. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on October 3, 2022.
Y-12 Urinary Incontinence Treatment	10/17/2022	This policy is scheduled for annual review. There was an addition to the criteria for coverage of artificial urinary sphincter. An MPU is not required, and the policy will publish on October 17, 2022.
Z-1 Ultraviolet Light Therapies	10/17/2022	This policy is up for annual review. There was an addition of coverage for additional conditions. An MPU is not necessary, and the policy will publish on October 17, 2022.
Z-38 Hospital Admission Provision (Benefits After Contract Termination)	10/03/2022	This policy is a benefit policy. There is no indication to revise the criteria. Recommend maintaining the current POS listed in the policy as inpatient with the default statement. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on October 3, 2022.



## Coverage Guidelines Revised for Omalizumab (Xolair)



Highmark Blue Cross Blue Shield has revised criteria for omalizumab (Xolair) subcutaneous injection to add reauthorization criteria along with the initial and reauthorization periods. The reauthorization criteria include that the individual meets all initial authorization criteria and has demonstrated disease stability or a beneficial response to therapy.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is November 28, 2022

### Place of Service: Outpatient

Please refer to Medical Policy I-53, Omalizumab (Xolair), for additional information.

## Criteria Established for Dexamethasone Punctum Insert (Dextenza)



Highmark Blue Cross Blue Shield has established new guidelines for dexamethasone punctum insert (Dextenza). Dexamethasone punctum insert (Dextenza) may be considered medically necessary for individuals 18 years of age or older for the treatment of **ANY ONE** of the following criteria:

- Ocular inflammation and pain following ophthalmic surgery; **or**
- Ocular itching associated with allergic conjunctivitis after treatment failure with all of the following unless contraindicated:
  - Topical ophthalmic antihistamines; **and**
  - Topical ophthalmic mast cell stabilizers; **and**
  - Topical ophthalmic corticosteroids.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is October 17, 2022.

### Place of Service: Outpatient

Please refer to Medical Policy I-78, Intravitreal Implants, for additional information.

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## Criteria revised for Medical Policy M-13, Intraoperative Neurophysiologic Monitoring



Highmark Blue Cross Blue Shield has revised criteria for Medical Policy M-13, Intraoperative Neurophysiologic Monitoring (Sensory-Evoked Potentials, EEG Monitoring).

Intraoperative Neurophysiologic Monitoring may be considered medically necessary when performed by an operator who is certified by the American Board of Medical Specialties (ABMS); **and**

Monitoring only one (1) procedure at a time.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is 11/28/2022.

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

Please refer to Medical Policy M-13, Intraoperative Neurophysiologic Monitoring (Sensory-Evoked Potentials, EEG Monitoring) for additional information.

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## Obstructive Sleep Apnea Publication Delayed



In May 2022, Highmark Blue Cross Blue Shield announced revised coverage guidelines for Diagnosis and Treatment of Obstructive Sleep Apnea in Adult and Pediatric Individuals effective August 29, 2022.

Highmark Blue Cross Blue Shield is delaying the publication of Diagnosis and Treatment of Obstructive Sleep Apnea in Adult and Pediatric Individuals in addition to delaying the archiving of HMK M-62, Polysomnography for Non-Respiratory Sleep Disorders. The revised policy publication effective date is September 26, 2022.

Please refer to Medical Policies Z-8 Diagnosis and Treatment of Obstructive Sleep Apnea in Adults, Z-64 Diagnosis and Treatment of Obstructive Sleep Apnea in Pediatric individuals, and M-62 Polysomnography for Non-Respiratory Sleep Disorders, for additional information.

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



## Medicare Advantage

### Facility Guidelines Added



Highmark's Medicare Advantage products for medical policy I-51, Self-Administered Drug Exclusion List, has added facility to the operational guidelines.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is October 3, 2022.

**Place of Service:** Not Applicable



Please refer to Medicare Advantage Medical Policy I-51, Self-Administered Drug Exclusion List, 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](mailto:medicalpolicy@highmark.com)



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