

MEDICAL POLICY UPDATE



June 2023



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Policy Title	Anticipated Issue Date	30 Day Notification Information
E-20 - Devices Used for the Treatment of Obstructive SI	07/31/2023	Policy has been updated to clarify the criteria for the payment for the rental of a PAP device section. This policy is scheduled to publish on July 31, 2023.
I-11 - Botulinum Toxin (Chemodenervation)	07/31/2023	This policy was scheduled for annual review. No change in coverage. Publish July 31, 2023.
I-76 - Ziconotide (Prialt®)	08/14/2023	This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement was updated to NMN. Policy will publish on August 14, 2023.
I-129 - Vedolizumab (Entyvio®)	08/14/2023	This policy is scheduled for annual review. Policy updates include minor language revisions. There is no indication for change in coverage. Policy will publish August 14, 2023.
I-141 - Compounded Medications	07/31/2023	This policy was scheduled for annual review. No change in coverage. Publish July 31, 2023.
I-149 - Chelation Therapy for Off-Label Uses	07/31/2023	This policy was scheduled for annual review. No change in coverage. Publish July 31, 2023.
I-165 - Bezlotoxumab (Zinplava™)	07/31/2023	This policy was scheduled for annual review. Denial statement was changed to NMN. Publish July 31, 2023.

Policy Title	Anticipated Issue Date	30 Day Notification Information
I-178 - Kanuma	08/14/2023	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish August 14, 2023.
I-185 Inotuzumab Ozogamicin (Besponsa)	08/14/2023	This policy is scheduled for annual review. There is no indication for change of coverage. Policy will publish August 14, 2023.
I-217 - Polatuzumab vedotin-piiq (Polivy)	08/14/2023	This policy is scheduled for annual review. Policy update includes new indication for previously untreated diffuse large B-cell lymphoma (DLBCL), not otherwise specified (NOS) or high-grade B-cell lymphoma (HGBL). Policy will publish August 14, 2023.
I-223 - sacituzumab govitecan-hziy (Trodelvy)	08/07/2023	This policy is scheduled for annual review. Policy updates include addition of recently approved breast cancer indication and replacement of NCCN criteria with recommendation statement. Policy will publish August 7, 2023.
I-225 Pertuzumab, trastuzumab, and hyaluronidase-zzxf (Phesgo)	08/07/2023	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish August 7, 2023.
I-245 - Anifrolumab-fnia (Saphnelo)	08/07/2023	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish August 7, 2023.
I-269 - Delandistrogene moxeparvovec	06/22/2023	This is a new to market drug policy. Delandistrogene moxeparvovec will be Experimental/Investigational. Policy will publish on June 22, 2023.
M-72 - Retinal Telescreening for Diabetic Retinopathy	07/31/2023	This policy is scheduled for annual review. Minor administrative updates made. This policy is scheduled to publish July 31, 2023.
M-74 - Home Prothrombin Time INR Monitoring for Anticoagulation Management	09/25/2023	This policy is scheduled for annual review. Long-term ventricular assist device (VAD) has been added as a covered indication. Criteria requiring the expected length of use of the home INR device to be at least six (6) months. This policy will publish on September 25, 2023.
M-82 - Electroretinography	07/31/2023	

Policy Title	Anticipated Issue Date	30 Day Notification Information
		This policy is scheduled for annual review. Minor administrative updates made. This policy is scheduled to publish July 31, 2023.
O-27 - Urological Supplies	07/31/2023	This policy is scheduled for annual review. Administrative changes made. This policy will publish on July 31, 2023.
S-15 - Second Surgical Assistant for Cardiovascular Sur	08/07/2023	This policy is scheduled for annual review. There is no change in coverage. Administrative changes made. Coding updated. This policy is scheduled to publish on August 7, 2023.
S-41 - Corneal Surgery to Correct Refractive Errors and	07/31/2023	This policy is scheduled for annual review. Minor administrative updates made. This policy is scheduled to publish July 31, 2023.
S-129 - Mastectomy and Reconstructive Surgery	08/07/2023	This policy is scheduled for annual review. There is no change in coverage and no change to operational guidelines. The policy is expected to publish on August 7, 2023.
S-178 - Treatment of Hyperhidrosis	08/07/2023	This policy is scheduled for annual review. Recommend maintaining the current coverage criteria. There is no change in coverage and no change to operational guidelines. The policy is expected to publish on August 7, 2023.
S-203 - Transcatheter Pulmonary Valve Implantation	9/25/2023	This policy is scheduled for annual review. Criteria requiring the performing provider and facility to meet the recommendations for performing TPV implantation outlined in SCAI/AATS/ACC/STS Operator and Institutional Requirements for Transcatheter Valve Repair and Replacement has been added. Administrative changes have been made. This policy will publish on September 25, 2023.
S-236 - Aqueous Shunts and Stents for Glaucoma	07/31/2023	This policy is scheduled for annual review. Minor administrative updates made. This policy is scheduled to publish July 31, 2023.
S-270 - Endoscopic Stricturectomy	07/31/2023	This policy is scheduled for annual review. Administrative changes made. This policy is scheduled to publish on July 31, 2023.
Z-8 - Diagnosis and Treatment of Obstructive Sleep Apnea	09/25/2023	

Policy Title	Anticipated Issue Date	30 Day Notification Information
		This policy is being updated to clarify verbiage. This policy will publish September 25, 2023.
Z-11 - Definition of Medical Necessity	07/31/2023	This policy is scheduled for annual review. Administrative changes were made. This policy will publish July 31, 2023.
Z-50 - Determination of Refractive State	07/31/2023	This policy is scheduled for annual review. Minor administrative updates made. This policy is scheduled to publish July 31, 2023.
Z-67 Experimental/Investigational Services	08/07/2023	This policy is being revised as a result of updates made to other policies. Codes are being removed from this policy and placed onto S-9. Codes are being removed from this policy and placed on Z-107. This policy will publish on August 7, 2023.
Z-101 - CHIP – Medical Necessity Definition	07/31/2023	This policy is scheduled for annual review. Administrative changes were made. This policy will publish July 31, 2023.
Z-107 Intense Pulsed Light Therapy for the Treatment of Dry Eye Disease	08/07/2023	This is a new policy regarding intense pulsed light therapy. It will publish on August 7, 2023.



Policy Established for Tofersen (Qalsody)



Highmark Blue Cross Blue Shield has established new guidelines for Tofersen (Qalsody).

This new Medical Policy will apply to professional providers and facility claims. The effective date is June 5, 2023.

Place of Service: Outpatient

Please refer to Medical Policy I-268, Tofersen (Qalsody) for additional information.

Policy Established for Delandistrogene moxeparvec



Highmark Blue Cross Blue Shield has established new guidelines Delandistrogene moxeparvec.

This new Medical Policy will apply to professional providers and facility claims. The effective date is June 22, 2023.

Place of Service: Outpatient

Please refer to Medical Policy I-269, Delandistrogene moxeparvec, for additional information.

New Guidelines for Assisted Reproductive Technology



Highmark Blue Cross Blue Shield has established a new guideline for Assisted Reproductive Technology.

ART Cycles

For **ALL** ART cycles including in vitro fertilization, gamete Intrafallopian transfer, zygote intrafallopian transfer, tubal embryo transfer or frozen embryo transfer, a fresh cycle may be considered medically when the following criteria have been met:

- **ALL** transferrable or viable embryos from a previous cycle have been utilized; **and**
- Previously frozen oocytes, both fertilized and transferred, have been utilized.

ART cycles not meeting the criteria as indicated in this policy are considered not medically necessary.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is August 28, 2023.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy HMK U-5, Assisted Reproductive Therapy, 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.

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