

MEDICAL POLICY UPDATE

IN THIS ISSUE

POLICY

Tocilizumab-aazg (Tyenne) added to Site of Care 5

Injectable Drugs Added to Site of Care 5

Coverage Criteria Established for Ocrevus Zunovo..... 6

New Medical Policy Established for Psychiatric Residential Facilities 6

New Medical Policy Established for Substance Abuse Treatment Residential Facilities 7

Reminder: Cardiology & Radiology Coverage Guideline Update..... 7



Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
A-0066 - Gallium Scan	01/01/2025	These MCG guidelines were previously published in New York as part of the prior auth project. The guidelines are now being adopted in PA, DE and WV. The publishing date is January 1, 2025.
A-0069 - Bone Scan (Bone Scintigraphy)	01/01/2025	These MCG guidelines were previously published in New York as part of the prior auth project. The guidelines are now being adopted in PA, DE and WV. The publishing date is January 1, 2025.
A-0072 - Radionuclide Cystography	01/01/2025	These MCG guidelines were previously published in New York as part of the prior auth project. The guidelines are now being adopted in PA, DE and WV. The publishing date is January 1, 2025.
A-0074 - Renal Cortical Scintigraphy	01/01/2025	These MCG guidelines were previously published in New York as part of the prior auth project. The guidelines are now being adopted in PA, DE and WV. The publishing date is January 1, 2025.
A-0075 - Diuretic Renography	01/01/2025	These MCG guidelines were previously published in New York as part of the prior auth project. The guidelines are now being adopted in PA, DE and WV. The publishing date is January 1, 2025.
A-0080 - Pharmacologic Stress Echocardiography	01/01/2025	These MCG guidelines were previously published in New York as part of the prior auth project. The guidelines are now being adopted in PA, DE and WV. The publishing date is January 1, 2025.

A-0081 - Gastric Emptying Study (Gastric Scintigraphy)	01/01/2025	These MCG guidelines were previously published in New York as part of the prior auth project. The guidelines are now being adopted in PA, DE and WV. The publishing date is January 1, 2025.
A-0083 - Hepatobiliary (Gallbladder) Scintigraphy	01/01/2025	These MCG guidelines were previously published in New York as part of the prior auth project. The guidelines are now being adopted in PA, DE and WV. The publishing date is January 1, 2025.
A-0084 - Parathyroid Scan	01/01/2025	These MCG guidelines were previously published in New York as part of the prior auth project. The guidelines are now being adopted in PA, DE and WV. The publishing date is January 1, 2025.
A-0085 - Thyroid Radioactive Uptake (Radioactive Iodine Uptake) (RAIU)	01/01/2025	These MCG guidelines were previously published in New York as part of the prior auth project. The guidelines are now being adopted in PA, DE and WV. The publishing date is January 1, 2025.
A-0086 - Thyroid Scan	01/01/2025	These MCG guidelines were previously published in New York as part of the prior auth project. The guidelines are now being adopted in PA, DE and WV. The publishing date is January 1, 2025.
A-0088 - Ventilation Perfusion Scan (VQ Scan)	01/01/2025	These MCG guidelines were previously published in New York as part of the prior auth project. The guidelines are now being adopted in PA, DE and WV. The publishing date is January 1, 2025.
A-0092 - Esophageal Transit Scintigraphy	01/01/2025	These MCG guidelines were previously published in New York as part of the prior auth project. The guidelines are now being adopted in PA, DE and WV. The publishing date is January 1, 2025.
A-0112 - Transesophageal Echocardiography TEE	01/01/2025	These MCG guidelines were previously published in New York as part of the prior auth project. The guidelines are now being adopted in PA, DE and WV. The publishing date is January 1, 2025.
A-0180 Adenoidectomy	09/30/2024	This policy is being adopted for adenoidectomy and was effective September 30, 2024.
A-0181 Tonsillectomy	09/30/2024	This is a new MCG policy for tonsillectomy and was effective on September 30, 2024.
A-0183 Turbinate Resection	09/30/2024	This is a new MCG policy for turbinate resection. This policy was approved via evote and became effective on September 30, 2024.
G-24 - Obesity	12/09/2024	This policy will be archived on December 9, 2024.
G-43 - Measurement of Exhaled Nitric Oxide	12/02/2024	This is an annual review. It is recommended to archive this policy. Archived policy will publish on December 2, 2024.
I-8 - Immunizations	12/16/2024	This policy is scheduled for annual review. Policy updates include minor language revisions. There is no indication for change in coverage. Policy will publish December 16, 2024.
I-9 - Treatment of Gaucher Disease	12/09/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish December 9, 2024.
I-19 - Intravenous Antibiotic Therapy for Lyme Disease	12/02/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. This policy will publish December 2, 2024.
I-31 - Tocilizumab (Actemra®)	02/01/2025	Biosimilar tocilizumab-aazg (Tyenne) is being added to site of care. This policy will publish February 1, 2025.

I-74 - Pemetrexed (Alimta®)	12/16/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy update includes addition of diagnosis codes. Policy will publish December 16, 2024.
I-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	10/28/2024	This policy is being revised to establish criteria for the recently FDA approved subcutaneous version of atezolizumab, Tecentriq Hybrezza. Policy was also revised to include the FDA approved expanded indication for Keytruda for malignant pleural mesothelioma. Policy will publish on October 28, 2024.
I-141 - Compounded Medications	12/02/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish December 2, 2024.
I-151 - Site of Care	02/01/2025	Site of care expansion to add Q5135 Tyenne, tocilizumab biosimilar. Policy will publish February 1, 2025.
I-157 - Treatment of Spinal Muscular Atrophy	12/02/2024	This policy is up for annual review. The age restriction criteria for Spinraza are being removed. This policy will publish on December 2, 2024.
I-159 - Oncologic Indications for Histone Deacetylase	12/09/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish December 9, 2024.
I-165 - Bezlotoxumab (Zinplava)	12/02/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish December 2, 2024.
I-171 - Ocrelizumab (Ocrevus)	10/28/2024	This policy is being updated with the addition of new to market therapy Ocrevus Zunovo. Policy will publish October 28, 2024.
I-198 - Burosumab (Crysvita)	12/09/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish December 9, 2024.
I-258 - Elivaldogene autotemcel (Skysona)	01/27/2025	This policy is being updated with additional criteria and language revisions. Policy will publish January 27, 2025.
I-267 - Ublituximab-xiiv (Briumvi)	12/02/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish December 2, 2024.
I-274- Glofitamab-gxbm (Columvi)	12/09/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish December 9, 2024.
I-277 - Intra-arterial Melphalan (Hepzato)	12/09/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish December 9, 2024.
I-279 - Motixafortide (Aphexda)	12/02/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish December 2, 2024.
L-191 - Intracellular Micronutrient Testing	12/02/2024	Policy has been updated with procedure codes for NY only. This policy will publish on December 2, 2024.
MA I-68 - Treatment of Gaucher Disease	12/09/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish December 9, 2024.
MA I-74 - Pemetrexed (Alimta)	12/16/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy update includes addition of diagnosis codes. Policy will publish December 16, 2024.

MA I-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	10/28/2024	This policy is being revised to establish criteria for the recently FDA approved subcutaneous version of atezolizumab, Tecentriq Hybrezza. Policy will publish on October 28, 2024.
MA I-159 - Oncologic Indications for Histone Deacetylase	12/09/2024	This policy is scheduled for annual review. Policy update includes language revisions. There is no indication for change in coverage. Policy will publish December 9, 2024.
MA I-165 - Bezlotoxumab (Zinplava)	12/02/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish December 2, 2024.
MA I-171 - Ocrelizumab (Ocrevus)	10/28/2024	This policy is being updated with the addition of new to market therapy Ocrevus Zunovo. Policy will publish October 28, 2024.
MA I-198 - Burosumab (Crysvita)	12/09/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. This policy will publish December 9, 2024.
MA I-239 - Treatment of Spinal Muscular Atrophy	12/02/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. The policy will publish December 2, 2024.
MA I-276 - Ublituximab-xiiv (Briumvi)	12/02/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish December 2, 2024.
MA I-283 - Glofitamab-gxbm (Columvi)	12/09/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish December 9, 2024.
MA I-286 - Intra-arterial Melphalan (Hepzato)	12/09/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish December 9, 2024.
MA I-288 - Motixafortide (Aphexda)	12/02/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish December 2, 2024.
R-102 - Iobenguane I-131 (Azedra)	01/01/2025	This policy was previously published in New York as part of the prior auth project, The policy is now being adopted in PA, WV and DE. The policy will publish on January 1, 2025.
S-280 - Surgical Treatment of Obstructive Sleep Apnea	10/14/2024	This policy was revised to remove adenoidectomy and tonsillectomy. The policy is set to publish on October 14, 2024, and become effective on September 30, 2024.
S-287 - Recombinant Human Bone Morphogenetic Protein (rhBMP-2) (InFuse)	12/09/2024	This is a policy revision. A general statement regarding bone graft substitutes was added. Coding was updated. The policy will publish on December 9, 2024.
S-331 - Bariatric Surgery	12/09/2024	This is a new policy. It will replace G-24, which will be archived. The policy will publish on December 9, 2024.
V-61 - Psychiatric Residential Facilities	01/27/2025	This is a new policy establishing criteria for psychiatric residential facilities. This policy is scheduled to publish on January 27, 2025.
V-62 - Substance Abuse Treatment Residential Facilities	01/27/2025	This is a new policy establishing criteria for substance abuse treatment residential facilities. This policy is scheduled to publish on January 27, 2025.
X-403 Lymphoscintigraphy	01/01/2025	This policy was previously published in New York as part of the prior auth project, The policy is now being adopted in PA, WV and DE. The policy will publish on January 1, 2025.

X-583 Rarely Utilized Radiation and Oncology Procedures	01/01/2025	This policy was previously published in New York as part of the prior auth project, The policy is now being adopted in PA, WV and DE. The policy will publish on January 1, 2025.
Z-65 - Telestroke	12/02/2024	This is an annual review. Recommendation is to archive the policy. Archived policy will be published on December 2, 2024.



Policy

Tocilizumab-aazg (Tyenne) added to Site of Care



Highmark Blue Cross Blue Shield has added tocilizumab-aazg (Tyenne) to the site of care program.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is February 1, 2025.

Place of Service: Outpatient-Infusion

Please refer to Medical Policy I-31, Tocilizumab (Actemra) and Tocilizumab Biosimilars and I-151, Site of Care, for additional information.

Injectable Drugs Added to Site of Care



Highmark Blue Cross Blue Shield has established new criteria for I-151, Site of Care. Tyenne is being added to the Site of Care program.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is February 1, 2025.

Place of Service: Outpatient-Infusion

Please refer to Medical Policy I-151, Site of Care, for additional information.

Coverage Criteria Established for Ocrevus Zunovo



Highmark Blue Cross Blue Shield has established new criteria for I-171, Ocrelizumab (Ocrevus). This policy is being updated with the addition of coverage criteria for ocrelizumab and hyaluronidase-ocsq (Ocrevus Zunovo), the new to market subcutaneous formulation of ocrelizumab (Ocrevus).

This revised Medical Policy will apply to professional providers and facility claims. The effective date is October 28, 2024.

Place of Service: Outpatient

Please refer to Medical Policy I-171, Ocrelizumab (Ocrevus), for additional information.

New Medical Policy Established for Psychiatric Residential Facilities



Highmark Blue Cross Blue Shield has established a new policy for psychiatric residential facilities.

This new Medical Policy will apply to facility claims. The effective date is January 27, 2025.

Place of Service: Inpatient

Please refer to Medical Policy V-61, Psychiatric Residential Facilities, for additional information.

New Medical Policy Established for Substance Abuse Treatment Residential Facilities



Highmark Blue Cross Blue Shield has established a new policy for substance abuse treatment residential facilities.

This new Medical Policy will apply to facility claims. The effective date is January 27, 2025.

Place of Service: Inpatient

Please refer to Medical Policy V-62, Substance Abuse Treatment Residential Facilities, for additional information.

Reminder: Cardiology & Radiology Coverage Guideline Update



Highmark Blue Cross Blue Shield is providing a reminder to all providers.

The Cardiology & Radiology coverage guideline will be updated and take effect February 1, 2025. This applies to both professional provider and facility claims.

The changes to the Cardiology & Radiology guidelines are indicated below:

Preface to the Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of Change
PET-MRI (Preface-5.3)	PRF.WB.0005.3.A	Removed indication of "the individual is a pediatric patient or being treated under a pediatric guideline and treatment plan AND".

Abdomen Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of change
Acute/Persistent (Non-Chronic) Lower Abdominal Pain	AB-2.2	Updated list of indications to remove "and diverticulitis is specified as a diagnostic consideration" from LLQ tenderness on physical exam
Mesenteric Ischemia	AB-6.1	Added imaging for chronic mesenteric ischemia, pre-operative evaluation of mesenteric ischemia, and surveillance of asymptomatic mesenteric artery occlusive disease. Updated timeframe for post-procedure surveillance imaging. Updated background and supporting information with evidence discussion.
Known IBD	AB-24.1	Added additional option for imaging with MR Enterography
Liver Lesion Characterization	AB-29.1	Added additional follow up imaging in individuals with cirrhosis or chronic hepatitis B

Abnormal Liver Chemistries	AB-30.1	Restructured section for clarity; Added MRI Abdomen or MRCP as next step imaging after CT for >15x LFT elevations
Chronic Pancreatitis	AB-33.2	Updated to state that MRI or EUS is indicated as the next step of imaging chronic pancreatitis after CT.
Fistulae	AB-48	Updated to allow MR as an imaging option. Also added criteria allowing imaging for surgical planning of known complex enterocutaneous fistulae.

Breast Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of change
MRI Breast Indications (BR-5.1)/Alternative Breast Imaging Approaches (BR-8.1)	BR.ID.0005.1.A/BR.AA.0008.1.A	Reformatted high risk table for ease of readability and clarification of age to begin screening.

Chest Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of change
General Chest	CH-1.7	Added- Bronchoscopy with computer-assisted, image-guided navigation, includes three-dimensional reconstruction. Do not report in conjunction with 3-D rendering CPT codes (CPT® 76376) or (CPT® 76377).
General Chest	CH-4.1	Added additional criteria for Pulmonary Function Test (PFT's) in those with known or suspected respiratory disease for Sub-sternal non-cardiac chest pain
General Chest	CH-11.1	Removed the requirement for abnormal PFT and symptoms if other imaging shows abnormalities suggestive of ILD. Based upon expert consensus,
General Chest	CH-13.1	Added the following section- CT Chest without or with contrast (CPT® 71250 or CPT® 71260) for hypoxia and/or respiratory distress <ul style="list-style-type: none"> ◦ CT Chest without or with contrast (CPT® 71250 or CPT®71260) after initial chest radiograph is negative or equivocal and one of the following: <ul style="list-style-type: none"> ▪ Abnormal vital signs (including hypoxemia, pulse > 100, respiratory rate > 24, fever > 100) ▪ Abnormal exam (including respiratory distress, dyspnea and or abnormal lung auscultation) ▪ Advanced age (age>75), or other significant comorbidities
General Chest	CH-13.2	Added to Background Information- • Comorbidities may include; chronic heart, lung, liver, or renal disease; diabetes mellitus; alcoholism; malignancy; asplenia; organic brain disease (dementia, CVA, delirium).

General Chest	CH-16.1	A lung nodule is defined as an approximately rounded opacity more or less well-defined measuring up to 3 cm in diameter. Rounded lesions measuring more than 3 cm in diameter are termed lung masses and should be considered indicative of lung cancer until histologically proven otherwise. Approach to lung masses differ from that of nodules and these guideline are specifically for those abnormalities, occurring within the chest, that meet the definition of a pulmonary nodule(s).
General Chest	CH-16.2	If a PET/CT was found to be positive, a biopsy was negative or non-diagnostic, follow[1]up with CT at 3 months, 9-12 months, and 24 months, if stable. Changed from 12 months to 9-12 months
General Chest	CH-16.3	Addition of "in size, if ≥ 6 mm at start, should be followed for a 2 year period as outlined in CH-16.2" for the complete statement of, "Decreasing in size, if ≥ 6 mm at start, should be followed for a 2 year period as outlined in CH-16.2 or disappearing nodule(s)."
General Chest	CH-16.4	If a CT finding led to ordering a PET scan, and if that CT was >3 months ago, a repeat CT is indicated prior to considering a PET scan. A change in the status of the original finding may find that a PET scan is no longer appropriate.
General Chest	CH-18.1	Changed wording after CT Chest with contrast after to- Chest x-ray, (upright PA/LAT best), (lateral decubitus films can improve sensitivity); and o Thoracentesis, (if possible)* to determine if fluid is exudative or transudative and remove as much as possible (this fluid can obscure the underlying lung parenchyma and possibly a mass) 2. After CT chest with contrast- added to new indications- o Check position of chest tube(s) or drainage catheters o Surgical planning
General Chest	CH-18.1	Removed "including" from Chest x-ray, (upright PA/LAT best), including (lateral decubitus films can improve sensitivity)
General Chest	CH-20.1	Clarification that both a positive and negative PET have little role in decision making. Added that a negative FDG PET/CT does not prevent serial CT/MRI's, due to appreciable false negative rate.
General Chest	CH-25.1	Addition of VQ scan is preferred test, or CTA Chest (CPT® 71275) or CT Chest with contrast with PE protocol (CPT® 71260) for pregnant individuals only

Head Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of change
General Guidelines - Other Imaging Situations	HD-1.7	Gender Affirming Care Head and Neck Surgical Planning: Updated CPT® codes, removed limitations for CT head, and language updated to current terminology

Autism Spectrum Disorders	HD-4.0	Added additional criterion for approval ("cognitive decline")
Imaging Related to Alzheimer's Treatment with Amyloid Reduction Medications	HD-8.5	In the section of the table for consideration of lecanemab (Leqembi®) therapy: Removed criteria regarding anticoagulant and antithrombotic as this is not required per the Leqembi FDA label
Epilepsy/Seizures	HD-9.1	Added indication (new neurologic deficit, no return to neurologic baseline after seizure) per ACR recommendations
Trigeminal Neuralgia/Trigeminal Neuropathy	HD-10.1	Added indication for imaging with MRI cervical spine for spinal tract and nucleus for trigeminal neuralgia per ACR guidance
Intracranial Aneurysms	HD-12.1	In screening for high risk populations regarding autosomal dominant polycystic kidney disease - updated screening interval to five years
Facial Trauma	HD-13.2	Added CT head imaging due to increased incidence of fractures and hemorrhage associated with facial fractures per ACR reference Added MR Maxillofacial for suspected cranial nerve injury per ACR reference
Movement Disorders	HD-15.1	Added Tourette syndrome and tardive dyskinesia to movement disorders based on clinical diagnosis that do not require imaging Added indications for when imaging is appropriate to include anti-psychotic drug-induced Parkinsonism or atypical tardive dyskinesia
Multiple Sclerosis (MS)	HD-16.1	Above the tables, added statement that CT scans are not indicated in evaluation of Multiple Sclerosis
Multiple Sclerosis (MS)	HD-16.1	Added MRI Cervical and Thoracic spine imaging to History of Clinically Isolated Syndrome (CIS) or Radiologically Isolated Syndrome (RIS) table section
Neuromyelitis Optica Spectrum Disorders	HD-16.2	Beneath table, added link to see Paraneoplastic Syndromes (ONC-30.3) for Neuromyelitis Optica Spectrum Disorder with concern for occult neoplasm
Neuromyelitis Optica Spectrum Disorders	HD-16.2	Beneath table, added statement that CT scans are not indicated in evaluation of Neuromyelitis Optica Spectrum Disorders
MOG Antibody-Associated Disease (MOGAD)	HD-16.3	For initial evaluation of MOGAD and positive MOG antibody test, added MRI Lumbar Spine imaging for consistency in guidelines and according to reference

MOG Antibody-Associated Disease (MOGAD)	HD-16.3	Beneath tables, added link to see Paraneoplastic Syndromes (ONC-30.3) for MOG (myelin oligodendrocyte glycoprotein) Antibody-Associated Disease with concern for occult neoplasm
MOG Antibody-Associated Disease (MOGAD)	HD-16.3	Beneath tables, added statement that CT scans are not indicated in evaluation of MOG (myelin oligodendrocyte glycoprotein) Antibody-Associated Disease
Transverse Myelitis	HD-16.4	Beneath tables, added link to see Paraneoplastic Syndromes (ONC-30.3) for transverse myelitis with concern for occult neoplasm
Scalp and Skull Lesions	HD-20.1	Clarified initial imaging for scalp and skull lesions respectively Revised list of imaging that does not require x-rays/ultrasound prior to CT
Moyamoya Syndrome/Disease	HD-21.5	Regarding Radiopharmaceutical Localization Imaging SPECT, added CPT® 78832 for appropriate SPECT coding related to Diamox challenge for Moyamoya
Sinus and Facial Imaging	HD-29.1	Added statements to clarify imaging for immunocompromised individuals
Sinus and Facial Imaging	HD-29.1	Added statement to clarify the imaging indicated for surgical planning or osseous involvement
Sinus and Facial Imaging	HD-29.1	Added CPT® codes indicated for repeat imaging in certain scenarios Further described imaging scenarios for planned Balloon Sinus Ostial Dilatation or Functional Endoscopic Sinus Surgery
Sinus and Facial Imaging	HD-29.1	Added CPT® codes indicated for complications of acute bacterial rhinosinusitis
Sinus and Facial Imaging	HD-29.1	Added language for Eustachian tube balloon dilation procedure to align with Mastoid Disease or Ear Pain (HD-26.1)
Temporomandibular Joint Disease (TMJ)	HD-30.1	Added exceptions to conservative management requirements for MRI TMJ imaging
Pupillary Abnormalities Including Horner's Syndrome	HD-32.2	Added appropriate imaging due to traction or trauma to the brachial plexus in the setting of Horner's syndrome Added MRI Chest and Neck imaging for evaluation of suspected chest and neck masses

Musculoskeletal Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of change
--------------	------------------------------	-------------------

Shoulder	MS-19	Updated criteria to align with CH-21.1
Wrist	MS-21	Updated CPT codes to align with ACR recommendations
Hand	MS-22	Updated CPT codes to align with ACR recommendations
Hip	MS-24	Updated CPT codes to align with ACR recommendations
Knee	MS-25	Removed the listed requirements in hemarthrosis for ligament tear and patellar dislocation to specify advanced imaging will be reviewed by other traumatic sections for the knee Added indication for non-traumatic hemarthrosis to allow for advanced imaging
Foot	MS-27	Added imaging for diabetic foot infection to align with ACR recommendations

Neck Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of change
Thyroid Nodule (Neck-8.1)	NK.PT.0008.1.A	Again clarified that CT or MRI should not be done prior to ultrasound.
Thyroid Nodule (Neck-8.1)	NK.PT.0008.1.A	Changed from "or" to "AND/OR" related to ultrasound and advanced imaging for thyroglossal duct cysts.
Eagle's Syndrome (Neck-10.3)	NK.NP.0010.3.A	Included indication for CT Maxillofacial AND/OR CT Neck with contrast as supported in Eagle Syndrome for the vascular subset of Eagle Syndrome (Stylocarotid Artery Syndrome).

Oncology Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of change
Squamous Cell Carcinomas of the Head and Neck-Initial Work-up/Staging	ONC-3.2	Added additional indication for PET/CT (to determine role for upfront surgery vs chemoradiation in T3-T4 size tumor)
Melanoma-Restaging/Recurrence	ONC-5.3	Added CT Neck imaging for recurrence of head or neck primary
Ocular Melanoma	ONC-5.9	Added additional options of abdominal and pelvis imaging for initial staging
Small Cell Lung Cancer-Restaging/Recurrence	ONC-7.3	Updated indication for MRI brain imaging - for response assessment following primary treatment
Soft Tissue Sarcomas-Initial Work-up/Staging	ONC-12.2	Added new indications for imaging: pelvic primary site, chest wall primary site, cardiac sarcoma
Soft Tissue Sarcomas-Initial Work-up/Staging	ONC-12.2	Added additional imaging combination options for abdomen/pelvis imaging
Soft Tissue Sarcomas - Restaging/Recurrence	ONC-12.3	Updated indication for recurrence to include all suspected recurrence; updated imaging of recurrence to include other symptomatic areas
Soft Tissue Sarcomas Surveillance/Follow-up	ONC-12.4	Updated imaging timeframe and studies for low-grade/stage 1 disease of extremity or trunk

Gallbladder and Biliary Tumors - Initial Work-up/Staging; Gallbladder and Biliary Tumors- Restaging/Recurrence	ONC-14.6; ONC-14.7	Added clarifying row that allows imaging with MRI Abdomen and Pelvis for inconclusive findings on CT, if MRI not already performed. Clarified that PET is reserved for inconclusive findings on MRI.
Renal Cell Cancer (RCC)- Restaging/Recurrence; Renal Cell Cancer (RCC)-Surveillance	ONC-17.3; ONC-17.4	Updated abdomen/pelvis imaging to contrast as requested
Suspected Prostate Cancer	ONC-19.1	Updated family history criteria for clarity and alignment with NCCN
Cancers of External Genitalia – Initial Work-Up/Staging	ONC-24.6	Added imaging for primary vaginal carcinoma. Updated imaging for vulvar or penile carcinoma to distinguish from imaging for vaginal carcinoma.
Cancers of External Genitalia – Restaging/Recurrence	ONC-24.7	Added imaging of vaginal primary tumor treated with upfront radiation therapy
Multiple Myeloma and Plasmacytomas- Restaging/Recurrence	ONC-25.3	Extra-osseous plasmacytoma response to initial therapy - added imaging options of whole-body low-dose skeletal CT or PET. Added whole-body low-dose skeletal CT or PET as imaging options for treatment response and removed MRIs. Remove MRIs from suspected relapse or progression. Added additional criterion to allow PET/CT (if whole-body CT is unfeasible). Added criterion for MRIs (to discern smoldering myeloma from active and whole body CT or PET are negative/inconclusive). Added option of imaging with PET for stem cell transplant recipients.
Diffuse Large B cell Lymphoma (DLBCL)	ONC-27.2	Updated treatment response to allow either CT or PET to be approved, with PET in lieu of CT or for inconclusive CT
Lung Metastases	ONC-31.1	Added additional option of CT imaging without contrast for pulmonary nodules
Liver Metastases	ONC-31.2	Updated nuclear medicine studies for evaluation of hepatic artery radioembolization
Primary Peritoneal Mesothelioma	ONC-31.9	Updated timeframe for surveillance

Pelvis Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of change
Abnormal Uterine Bleeding	PV-2.1	Indication for postmenopausal bleeding added to include reasons for ruling out for endometrial carcinoma
Adenomyosis	PV-4.1	3 month trial of medical treatment removed and replaced with an ultrasound requirement instead
Implantable Contraceptive Devices	PV-10.3	New policy added for ICDs
Impotence/Erectile Dysfunction	PV-17.1	MRI Pelvis added for a patient with priapism > 24-48 hours or refractory to treatment
Male Pelvis Disorders	PV-19.1	Addition of MRI pelvis without and with contrast (CPT 72197) added if evaluating testicular disorders

Peripheral Nerve and Neuromuscular Disorders Guidelines

Section Name	Section Number/Policy Number	Summary of change
General Guidelines	PN-1.0	Updated section to state an EMG/NCV is now required due to termination of the federal public health emergency declaration
Polyneuropathy - Polyneuropatheis with Central Nervous System (CNS) Involvement	PN-3.1	Added MRI Lumbar as appropriate imaging for Polyneuropathies with Central Nervous System (CNS) Involvement
Polyneuropathy - Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	PN-3.1	Added MRI Cervical spine as appropriate imaging for Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

Peripheral Vascular Disease Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of change
Nuclear Medicine Imaging Indications	PVD-10.1	Included a new approvable indication for PET/CT in cases of suspected aortic graft infection
PVD 12, Unilateral leg edema	PVD 12	This is a new guideline to address the work-up for unilateral leg edema. It is similar to PVD 12.5 for generalized bilateral leg edema
PVD 4.2, Upper extremity venous imaging	PVD 4.2	Allow for CT chest with contrast for evaluation of suspected SVC syndrome.
PVD 6.7, Aortic and arterial dissection and other aortic conditions	PVD 6.7	changed timeframe for aortic dissection and penetrating aortic ulcer
PVD 6.8, Post Aortic Endovascular/Open Surgery Surveillance	PVD 6.8	Changed surveillance timeframe for post-operative aortic surgery
PVD 12.1 Acute Limb Swelling	PVD 12.1	removed Gastrocnemius and soleal veins from superficial veins, as these are deep veins
PVD 12.2 Acute Deep Venous Thrombosis	PVD 12.2	reworded/rearranged part of the GL, also added soleal and gastroc veins. Add reference to end of PVD 12 section
Lower Extremity Artery Aneurysms (PVD-7.4)	PVD-7.4	(1) Correction of typos; (2) revision of approvable intervals for surveillance imaging; (3) addition of an additional reference.
Arterial Imaging for Free Flaps in Reconstructive Surgery (PVD-7.5)	PVD-7.5	Multiple references added. Old references removed as they are incorrect/irrelevant. Includes limited indication for bilateral imaging.
Claudication and Critical Limb Ischemia (PVD-7.1)	PVD-7.1	Guideline is revised to allow for imaging to identify a proximal embolic source, including CTA chest and/or CTA abdomen/pelvis.

Retroperitoneal bleeding. New Guideline	PVD-9.2	New Guideline to address a clinical concern that is not covered in current GLs
---	---------	--

Spine Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of change
Spondylolysis	SP-8.1	Added that x-ray is not a requirement prior to bone scan when clinical suspicion is high for spondylolysis Updated the name for 99mTc MDP SPECT bone scan to Tomographic SPECT Planar Added additional CPT® codes as appropriate imaging when clinical suspicion of spondylolysis is high
Spondylolysis	SP-8.1	Moved the indication for "evaluation of a lesion seen on SPECT bone scan" back to own line to clarify appropriate imaging for this indication
Inflammatory Spondylitis	SP-10.2	Updated section to reflect ACR recommendations Clarification that MRI pelvis would be the correct code to visualize MRI SI joints
Nuclear Medicine	SP-17	Added additional CPT® codes as appropriate imaging

Pediatric Abdomen Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of change
Hematuria	PEDAB-7	Added 3D reconstruction for surgical planning
Inflammatory Bowel Disease, Crohn Disease, or Ulcerative Colitis	PEDAB-9	Added additional approvable CPTs to MR Enterography
Inflammatory Bowel Disease, Crohn Disease, or Ulcerative Colitis	PEDAB-9	Added additional indication for MR Enterography in children with established IBD - monitoring for postoperative recurrence
Postoperative Pain within 60 Days Following Abdominal Surgery	PEDAB-11	Added option of imaging with MRI without contrast
Liver Elastography	PEDAB-16.3	New section address imaging for the staging of liver fibrosis in children
Hydronephrosis	PEDAB-20	Updated criteria for imaging of infants with prenatal hydronephrosis and added criteria specific to antenatal hydronephrosis.
Polycystic Kidney Disease	PEDAB-21	Added statement that there are no established MRI-based diagnostic criteria for ADPKD in children younger than 15 years of age. For older teens, imaging is identical to that of adults.
Intussusception	PEDAB-27	Added CT imaging for characterization or diagnosis of pathologic lead points identified on ultrasound

Pediatric Head Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of change
Head Trauma	PEDHD-4.1	Added definition of severe mechanisms of injury
Pediatric Intracranial Aneurysms	PEDHD-10.1	Added condition to the list for imaging when individual has Aicardi–Goutières syndrome
Multiple Sclerosis (MS)	PEDHD-14.2	Updated language to remove the timeframe for repeat MRI Brain imaging and added that imaging can be performed at the discretion of a specialist

Pediatric Musculoskeletal Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of change
Developmental Dysplasia of the Hip	PEDMS-5	Updated to allow MRI without and with contrast in addition to existing imaging studies for evaluation of alignment following reduction.
Developmental Dysplasia of the Hip	PEDMS-5	Updated age of infants in which hip ultrasound is no longer indicated
Avascular Necrosis and Legg-Calve-Perthes Disease	PEDMS-6.1	Updated to allow MRI Hip for preoperative planning
Osteonecrosis	PEDMS-6.2	Updated wording to allow for MRI with negative recent x-ray. Added supporting statement that early phase of osteonecrosis may be seen on MR with normal x-ray findings.

Pediatric Neck Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of change
Trachea (PEDNECK-8.1)	NKP.TR.0008.1.A	Added coding for CT Chest and added indication of "or when bronchoscopy is being considered".

Pediatric and Special Populations Oncology Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of change
Other Renal Cell Cancer Predisposition Syndromes	PEDONC-2.17	Updated imaging timeframe for hereditary papillary renal carcinoma to allow imaging annually
Pediatric Leukemia General Considerations	PEDONC-3.1	Added CT Head as option for imaging of urgent concern where MRI would delay care
CNS High Grade Gliomas (HGG)	PEDONC-4.3	Added functional MRI to depict spatial relationship between eloquent cortex and tumor prior to resection

Medulloblastoma (MDB), Other CNS Embryonal Tumors, and Pineoblastoma	PEDONC-4.4	Updated surveillance imaging timeframe: added that further imaging beyond state timeframe is for s/s of recurrence
Pediatric Aggressive Mature B-Cell Non-Hodgkin Lymphomas (NHL)	PEDONC-5.3	Added MRI whole spine for suspected leptomeningeal disease or if sedation required
Neuroblastoma - Initial Staging	PEDONC-6.3	Updated paraspinal tumors to allow MRI of the whole spine
Neuroblastoma - Treatment Response Imaging (Risk Group Dependent)	PEDONC-6.4	Updated to state that PET/MRI is indicated if exceptions are met; added MRI whole spine for individuals with paraspinal disease
Neuroblastoma-Surveillance Imaging (Risk Group Dependent)	PEDONC-6.5	Updated timeframe for ultrasound imaging of all individuals with very low risk and low risk neuroblastoma
Neuroblastoma-Surveillance Imaging (Risk Group Dependent)	PEDONC-6.5	Added statements in all risk groups where PET is indicated if exceptions are met
Neuroblastoma-Surveillance Imaging (Risk Group Dependent)	PEDONC-6.5	Intermediate risk neuroblastoma - Updated imaging for all individuals (no longer stratified by favorable or unfavorable biology). Added MRI whole spine for primary paraspinal tumors for intermediate and high risk neuroblastoma. Updated background and supporting information.
Non-Rhabdomyosarcoma Soft Tissue Sarcomas (NRSTS)	PEDONC-8.3	Added additional indications for imaging with CT Abdomen and Pelvis (liposarcoma, angiosarcoma, and/or epithelioid sarcoma)
Non-Rhabdomyosarcoma Soft Tissue Sarcomas (NRSTS)	PEDONC-8.3	Added additional indications for imaging with MRI Brain and Spine (angiosarcoma, alveolar soft part sarcoma, cardiac sarcoma, myxoid round cell liposarcoma)
Non-Rhabdomyosarcoma Soft Tissue Sarcomas (NRSTS)	PEDONC-8.3	Added treatment response, restaging, and surveillance imaging with CT Abdomen and Pelvis (for same indications as in initial staging)
Retinoblastoma - Imaging	PEDONC-12.2	Updated surveillance of retinoblastoma by categorizing surveillance imaging by unilateral versus bilateral retinoblastoma. Clarified imaging of brain and orbits is indicated for individuals with bilateral disease treated with ocular salvage approach.
Pediatric ACC - Imaging	PEDONC-14.2	Added imaging with FDG PET for solitary adrenal mass >4cm planned for surgical resection or for inconclusive findings on conventional imaging

Pediatric and Special Populations Spine Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of change
Scoliosis	PEDSP-3.2	Added post-operative CT Chest for lung volume measurement in children with early onset scoliosis

If you wish to see the updates prior to the implementation date, please go to eviCore website under the Future tab for Cardiology & Radiology utilizing the following pathway:

- Provider Resource Center→Medical Policy Search→Medical Policies→EVICORE CLINICAL GUIDELINES (top blue bar)→EVICORE CLINICAL GUIDELINES (body of page)→Access Guidelines→ Select appropriate Cardiology & Radiology→ *Search Health Plan* by typing in Highmark→Click on Highmark and then click on magnifying glass→ Click on FUTURE→ Select appropriate guideline.



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



eSubscribe



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.

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life or Highmark Senior Health Company. Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield. West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Highmark Senior Solutions Company. Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield. All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Note: This publication may contain certain administrative requirements, policies, procedures, or other similar requirements of Highmark Inc. (or changes thereto) as well as interpretations of certain administrative requirements, policies and procedures (hereinafter collectively "requirements") which are binding upon Highmark Inc. and its contracted providers. Therefore, the requirements in this publication supplement the Provider Manual. Pursuant to their contract, Highmark Inc.