

MEDICAL POLICY UPDATE



January 2023



IN THIS ISSUE

Hepatobiliary System Imaging 3



Policy

Policy Title	Anticipated Issue Date	30 Day Notification Information
E-6 Wheelchairs and Options/Accessories	03/13/2023	This policy is scheduled for annual review. Procedure codes updated. Administrative changes made. The policy is scheduled to publish on March 13, 2023.
I-3 Allergy Immunotherapy	03/06/2023	This policy is up for an annual review. There are no indications for a change of coverage at this time. A coding update is indication with the removal of an inappropriate diagnosis code. Policy will publish on March 6, 2023.
I-100 Cetuximab (Erbix)	03/06/2023	This policy is scheduled for annual review. Policy update includes replacement of NCCN criteria with recommendation statement. A Medical Policy Update (MPU) newsletter is not required. Policy will publish March 6, 2023.
I-113 Ado-trastuzumab emtansine (Kadcyla)	03/06/2023	This policy is scheduled for annual review. Policy update includes replacement of NCCN criteria with recommendation statement. A Medical Policy Update (MPU) newsletter is not required. Policy will publish March 6, 2023.
I-211 Givosiran (Givlaari)	03/06/2023	The policy is up for an annual review. There are no indications for a change of coverage at this time. Policy will publish on March 6, 2023.
I-214 Luspatercept (Ribosyl)	03/06/2023	This policy is up for an annual review. There are no indications for a change in coverage at this time

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		however there was a significant reorganization of the policy format. All indications were combined into one policy section. No additional changes are recommended. Policy will publish on March 6, 2023.
I-220 Teprotumumab-trbw (Tepezza)	03/06/2023	This policy is scheduled for an annual review. The onset of TED symptoms criteria is being removed from the policy. No additional changes are recommended at this time. Policy will publish on March 6, 2023.
I-221 Isatuximab-irfc (Sarclisa)	03/06/2023	This policy is scheduled for annual review. Policy update includes replacement of NCCN criteria with recommendation statement. A Medical Policy Update (MPU) newsletter is not required. Policy will publish March 6, 2023.
I-128 Decitabine (Dacogen)	03/06/2023	This policy is scheduled for annual review. Policy updates include replacement of NCCN criteria with recommendation statement. Policy will publish March 6, 2023.
S-277 - Laser interstitial thermal therapy Z-8 – Diagnosis and Treatment of Sleep Apnea	02/06/2023 03/06/2023	This is a new policy establishing criteria for vertebral body tethering. This policy will publish on February 06, 2023. This policy is scheduled for annual review. Updates made to policy position as well as minor administrative updates. This policy is scheduled to publish March 6, 2023



New Policy Established for Hepatobiliary System Imaging



NEWS FOR ALL
PROVIDER TYPES

Highmark Blue Cross Blue Shield of Western New York has established Medical Policy R-101, Hepatobiliary System Imaging. Medically necessary criteria for HIDA scan with and without CCK (cholecystokinin) has been added.

HIDA scan without CCK may be considered necessary for the following:

- If there is right upper quadrant pain or epigastric pain and there is a suspicion of gallbladder disease, with a normal, or equivocal or non-diagnostic recent ultrasound; or
- Suspected bile leak after trauma or surgery; or
- Monitoring of liver regeneration; or
- Assessment of liver transplant; or
- Assessment of choledochal cyst; or
- Pre-operative assessment prior to partial hepatectomy; or
- Chronic acalculous cholecystitis, biliary dyskinesia, functional gallbladder disease, or sphincter of Oddi dysfunction.

HIDA scan with CCK may be considered necessary for the following:

- If there is right upper quadrant pain or epigastric pain with a normal, or equivocal or non-diagnostic recent ultrasound, and no known diagnosis of cholelithiasis; or
- Chronic acalculous cholecystitis, biliary dyskinesia, functional gallbladder disease, or sphincter of Oddi dysfunction.

This policy is applied on a pre-payment basis for Professional and Facility claims.

This revised Medical Policy will apply to professional providers and/or facility claims. The effective date is May 1, 2023.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy R-101, Hepatobiliary System Imaging, 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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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 at hwnybcbs.highmarkprc.com.

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