

MEDICAL POLICY UPDATE



November 2022

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Policy

Policy Title	Anticipated Issue Date	30 Day Notification Information
A-18	01/02/2023	This policy is an annual review. No changes in coverage criteria. This policy will publish on January 2, 2023.
E-9 - Non-Custom/Custom-Made Gradient Compression Garments/Stockings/Sleeves	01/09/2023	This policy is scheduled for annual review. Administrative updates were completed. This policy is scheduled to publish on January 9, 2023.
E-87 - AposTherapy System	01/09/2023	This policy was reinstated. Administrative updates have been completed. The policy will publish January 9, 2023.
I-12 Human Growth Hormone	01/09/2023	This policy is scheduled for annual review. Policy language was reviewed and was updated to align with practice and current guidelines. Policy will publish January 9, 2023.
I-160 - Buprenorphine Implant for Treatment of Opioid D	01/02/2023	This policy was scheduled for annual review. This policy is being archived and will publish on January 2, 2023.
I-164 - Parathyroid Hormone (Natpara®)	01/02/2023	This policy was scheduled for annual review. This policy is being archived and will publish on January 2, 2023.
I-172 - Cerliponase Alfa (Brineura™)	01/02/2023	This policy was scheduled for annual review. The authorization has been specified. This policy will publish on January 2, 2023.
I-180 - Chimeric Antigen Receptor T-Cell Therapy	01/02/2023	This policy is being updated to include new indications for Breyanzi. Policy will publish January 2, 2023.
I-20 - Immune Prophylaxis for Respiratory Syncytial Virus (RSV)	01/02/2023	This policy was scheduled for annual review. There is no change in coverage. This policy will publish on January 2, 2023.

Policy Title	Anticipated Issue Date	30 Day Notification Information
I-210 - IL-1 and IL-1b Blockers	01/09/2023	This policy is up for annual review. There are no indications for a change in coverage at this time. Formatting changes were made to the policy including moving the reauthorization criteria to the specific policy position sections. The policy will publish on January 9, 2023.
I-233 - Lumasiran (Oxlumo)	01/09/2023	The policy has been updated to reflect the new FDA approved indications for Oxlumo. Coverage criteria has been updated to capture this indication. Policy will publish on January 9, 2023.
I-24 Belatacept (Nulojix)	01/09/2023	This policy is up for annual review. There are no indications for a change in coverage at this time. Minor administrative changes were made to the policy including standardized language revisions. The policy will publish on January 9, 2023.
I-244 - Aducanumab-avwa (Aduhelm)	01/09/2023	This policy is up for annual review. There are no indications for a change in coverage at this time. Formatting changes were made to the policy including moving the reauthorization criteria to the specific policy position sections. The policy will publish on January 9, 2023.
I-85 Natalizumab (Tysabri)	01/09/2023	This policy is scheduled for annual review. Policy is being updated with minor change to criteria and addition of reauthorization criteria. Policy will publish January 9, 2023.
I-86 - Bevacizumab (Avastin®)	11/28/2022	Criteria was established for bevacizumab-adcd (Vegzelma) as a non-preferred bevacizumab biosimilar. Vegzelma is a new to market biosimilar product and the policy will publish on November 28, 2022.
I-88 - Granulocyte Colony-Stimulating Factors	11/28/2022	Coverage criteria for eflapegrastim-xnst (Rolvedon) was established. This product will be considered a non-preferred. Policy will publish on November 28, 2022.
L-265 Comprehensive Tumor Sequencing	01/02/2023	This is a new policy for Comprehensive Tumor Sequencing. This policy is scheduled to publish January 2, 2023.
O-12 - Foot Orthotics for Conditions Other Than Diabetes	01/02/2023	This policy is an annual review. No changes will be made to coverage criteria. This policy will publish on January 2, 2023.
O-28 - Knee Orthosis	01/02/2023	This policy is an annual review. No changes will be made to coverage criteria. This policy will publish on January 2, 2023.
O-32 - Lower Limb Protheses	01/02/2023	This policy is an annual review. No changes will be made to coverage criteria. This policy will publish on January 2, 2023.
S-82 - Intra-Arterial/Intravenous Therapeutic Procedures	01/09/2023	This policy is scheduled for annual review. Administrative updates have been completed. This policy is due to publish on January 9, 2023.

Policy Title	Anticipated Issue Date	30 Day Notification Information
S-123 - Lung and Lobar Lung Transplantation	01/09/2023	This policy is scheduled for annual review. Administrative updates have been completed. This policy is due to publish on January 9, 2023.
S-124 - Kidney Transplantation	01/09/2023	This policy is scheduled for annual review. No coding changes are indicated at this time. Policy language has been updated for renal-specific criteria to include, the individual requires chronic dialysis, GFR less than or equal to 20ml/min instead of creatinine level greater than 8mg/dL. The policy will publish on January 9, 2023.
S-127 - Pancreas Transplant	01/09/2023	This policy is scheduled for annual review. Administrative updates have been completed. The policy will publish on January 9, 2023.
S-278 - Cardiac Contractility Modulation Therapy	01/09/2023	This is a new policy for cardiac contractility modulation therapy. The policy will publish on January 9, 2022.
U-7 - Fetal Surgery for Prenatally Diagnosed Malformation	01/09/2023	This policy is scheduled for annual review. The policy criteria was updated based on recommendations. The policy will publish on January 9, 2023.
U-8 - Treatment of Twin-Twin Transfusion Syndrome with Amnioreduction and/or Fetoscopic Laser Therapy	01/09/2023	This policy is scheduled for annual review. Criteria was updated. the policy will publish on January 9, 2023.
Y-21 - Cognitive Rehabilitation	01/09/2023	This policy is scheduled for annual review. The policy criteria was updated. The policy will publish on January 9, 2023.



Coverage Guidelines Established for Bevacizumab-adcd (Vegzelma)



Highmark Blue Cross Blue Shield of Western New York has established new guidelines for bevacizumab-adcd (Vegzelma).

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-86, Bevacizumab (Avastin) and Bevacizumab Biosimilars, for additional information.

Coverage Criteria Established for Eflapegrastim-xnst (Rolvedon)



Highmark Blue Cross Blue Shield of Western New York has established coverage criteria for eflapegrastim-xnst (Rolvedon) as a non-preferred granulocyte colony-stimulating factor product.

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-88, Granulocyte Colony-Stimulating Factors, 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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