

MEDICAL POLICY UPDATE

IN THIS ISSUE

Update: Policy Criteria Established (**NY only**)..... 6

Revised Criteria for Septoplasty 9



Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
A-0182 Septoplasty	05/27/2024	This is a new customized MCG guideline. It will replace the current version of MCG's A-0182. This policy will publish on May 27, 2024.
A-0218 - Facet Neurotomy	06/03/2024	This MCG guideline is being adopted for New York only. An MPU was published in February of 2024. The guideline will publish on June 3, 2024.
A-0229 Nerve Block or Neurolysis, Lumbar Sympathetic	06/03/2024	This is an MCG policy for full adoption. 90 day notification in February 2024. The policy will publish on June 3, 2024.
A-0230 Nerve Block, Stellate Ganglion	06/03/2024	This is a new fully adopted MCG policy for NY only. A 90 day notification was sent 2/2024. The policy will publish on June 3, 2024.
A-0343 Oxygen Therapy, Continuous and Noncontinuous: Home	06/03/2024	This is an MCG guideline for full adoption. It will replace the current version of E-19- Oxygen. 90 day notification in February 2024. This guideline will publish on June 3, 2024.

A-0695 - Facet Joint Injection	06/03/2024	This MCG guideline is being adopted for New York only. An MPU was published in February of 2024. The guideline will publish on June 3, 2024.
A-0887 Pulse Oximeter	06/03/2024	This is a MCG guideline for full adoption. 90 day notification in February 2024. This guideline will publish on June 3, 2024.
B-4 - Medical Foods	04/01/2024	This policy is an annual review. There are no recommended changes, and it will publish on April 1, 2024.
E-19- Oxygen	06/03/2024	This policy will be archived as of June 3, 2024. It will be replaced by MCG guidelines A-0343 and A-0887.
G-47 - Concussion Testing	04/08/2024	This policy is scheduled for annual review. Coding updated. The policy will publish on April 8, 2024.
I-4 - Hemophilia Treatment	03/18/2024	This policy is being updated with expanded indications for Wilate and Vonvendi. Policy will publish March 18, 2024.
I-12 - Human Growth Hormone	04/22/2024	This policy is being updated with language revisions. There is no indication for change in coverage. Policy will publish April 22, 2024.
I-34 - Ipilimumab (Yervoy®)	04/22/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated to NCCN recommendations. Policy will publish on April 22, 2024.
I-58- Enzyme Replacement Therapy	3/20/2024	This policy is being updated with coverage criteria for Pombiliti. Policy will publish March 20, 2024.
I-59 - Gemcitabine HCl (Gemzar®)	04/22/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated to NCCN recommendations. Policy will publish on April 22, 2024.
I-65 - Paclitaxel, albumin-bound (Abraxane ®)	04/01/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated to NCCN recommendations. Policy will publish on April 1, 2024.
I-73 - Docetaxel (Taxotere®)	04/08/2024	

		This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement is being updated too not medically necessary. Coding was also updated to NCCN recommendations. Policy will publish on April 8, 2024.
I-75 - Paclitaxel (Taxol®)	04/08/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement is being updated too not medically necessary. Coding was also updated to NCCN recommendations. Policy will publish on April 8, 2024.
I-87 - Oxaliplatin (Eloxatin®)	04/15/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement is being updated too not medically necessary. Policy will publish April 15, 2024.
I-89 - Carboplatin (Paraplatin®)	04/22/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated to NCCN recommendation. Policy will publish on April 22, 2024.
I-91 - Intraperitoneal Chemotherapy	04/15/2024	This policy is up for annual review. Minor administrative changes were made to the policy. Policy will publish on April 15, 2024.
I-98 - Bendamustine (Treanda®)	04/15/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish April 15, 2024.
I-100 - Cetuximab (Erbix)	04/01/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement is being updated too not medically necessary. Coding was also updated to NCCN recommendations. Policy will publish on April 1, 2024.
I-119 - Eribulin Mesylate (Halaven)	04/15/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement is being updated to not medically necessary. Policy will publish on April 15, 2024.
I-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	04/01/2024	This policy was updated to include two FDA approved expanded indications for Keytruda including the treatment of FIGO 2014 stage III-IVA cervical cancer and in combination with enfortumab vedotin, for the treatment of individuals 18 years of age or older with locally advanced or metastatic urothelial carcinoma. Policy will publish on April 1, 2024.

I-169 - Trabectedin (Yondelis)	04/01/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on April 1, 2024.
I-171 - Ocrelizumab (Ocrevus)	04/08/2024	This policy is scheduled for annual review. Policy is being updated with language revisions. Policy will publish April 8, 2024.
I-215 - Enfortumab vedotin (Padcev)	03/25/2024	This policy is being updated with new expanded indication for combination treatment with Keytruda in adults with locally advanced or metastatic urothelial cancer. Policy is also scheduled for annual review. Policy will publish March 25, 2024.
I-240 - Loncastuximab Tesirine-lpyl (Zynlonta)	04/22/2024	Policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish April 22, 2024.
I-246 - Tisotumab vendotin- ftv (Tivdak)	04/08/24	This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement is being updated to not medically necessary. Policy will publish on April 8, 2024.
I-248 - Tebentafusp-tebn (Kimmtrak)	04/15/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish April 15, 2024
I-281 - Exagamglogene autotemcel	02/26/2024	This policy was revised to include criteria for the new FDA expanded indication of TDT. Policy will publish on February 26, 2024.
L-2 - Collection of Specimens	04/15/2024	This policy is scheduled for annual review. Since the individual cost per test is low, this policy is being archived. The policy will archive effective April 15, 2024.
M-7 - Electronystagmography (ENG) and Videonystagmograpp	04/01/2024	This policy is up for an annual review. Revisions are made to provide coverage for VEMP testing when criteria is met. This policy will publish on April 1, 2024.
M-70 - Ambulatory Blood Pressure Monitoring (ABPM)	04/08/2024	Operational guidelines were updated on this policy. No indications for change in coverage at this time. This policy will publish April 8, 2024.
O-19 - Ostomy Supplies	04/01/2024	This policy is an annual review. There are no recommended changes, and it will publish on April 1, 2024.

P-795 - Liver Transplant, Pediatric	04/15/2024	S-121 is being archived and will be replaced with 2 customized MCG Guidelines, S-795-001 CG and P-795-001 CG. The MCG Guidelines were customized to add and remove additional diagnosis, procedure codes and edit criteria. No MPU is needed and the policy will archive on April 15, 2024.
S-121 - Liver Transplantation	04/15/2024	S-121 is being archived and will be replaced with 2 customized MCG Guidelines, S-795-001 CG and P-795-001 CG. The MCG Guidelines were customized to add and remove additional diagnosis, procedure codes and edit criteria. See attached excel spreadsheet for full list of diagnosis codes. No MPU is needed and the policy will archive on April 15, 2024.
S-200 - Endovascular Procedures for Intracranial and Extracranial Cerebral Vascular Disease	04/08/2024	This policy is scheduled for annual review. Administrative changes made. Policy is scheduled to publish on April 8, 2024.
S-283 - Diagnosis and Treatment of Sacroiliac Joint Pain	06/03/2024	This is a new policy created for NY only. The policy will publish on June 3, 2024. 90 day notification sent February 2024. The policy will publish on June 3, 2024.
S-293 - Facet Joint Ablation/Denervation	06/03/2024	This is a new policy for New York only. An MPU was published February 2024. The policy will publish on June 3, 2024.
S-294 - Implantable Intrathecal Drug Delivery System	06/03/2024	This is a new policy created for NY only. The policy will publish on June 3, 2024. 90 day notification sent February 2024. The policy will publish on June 3, 2024.
S-795 - Liver Transplant	04/15/2024	S-121 is being archived and will be replaced with 2 customized MCG Guidelines, S-795-001 CG and P-795-001 CG. The MCG Guidelines were customized to add and remove additional diagnosis, procedure codes and edit criteria. No MPU is needed, and the policy will archive on April 15, 2024.
S-820 - Lumbar Fusion	06/03/2024	This MCG guideline is being adopted and customized for New York only. An MPU was published in February of 2024. The guideline will publish on June 3, 2024.
V-23 - Temporomandibular Joint (TMJ) Dysfunction	04/15/2024	This policy is scheduled for an annual review. Administrative changes made. Coding updated. This policy will publish on April 15, 2024.

X-585 - Three- Dimensional (3-D) Rendering and Reporting of Imaging	04/08/2024	This is a new policy for New York only. The policy will publish April 8, 2024.
Z-7 - Electrical Nerve Stimulation	04/08/2024	This policy is scheduled for annual review. Clinical criteria have been updated. The policy will publish on April 8, 2024.
Z-108 - Percutaneous Electrical Nerve Field Stimulation (PENFS)	04/08/2024	This is a new policy. The policy will publish April 8, 2024.



Policy

Update: Policy Criteria Established For New York Providers only



Highmark Blue Cross Blue Shield (NY) established new policies and new guidelines for the following list of policies.

The effective date is June 3, 2024.

New Policies or Guidelines:

Policy or Guideline Number	Policy or Guideline Name
A-0216	Meniscal Allograft Transplant
A-0218	Facet Neurotomy
A-0225	Epidural Corticosteroid Injection
A-0226	Vertebroplasty and Kyphoplasty
A-0227	Disk Arthroplasty, Cervical
A-0229	Nerve Block or Neurolysis, Lumbar Sympathetic
A-0230	Nerve Block, Stellate Ganglion
A-0243	Implanted Electrical Stimulator, Spinal Cord
A-0389	Proton Beam Therapy
A-0415	Autologous Chondrocyte Implantation, Knee
A-0416	Mosaicplasty
A-0494	Spinal Distraction Devices
A-0506	Osteochondral Allograft
A-0532	Breast Cancer Gene Expression Assays
A-0533	Lynch Syndrome - BRAF V600, EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel
A-0534	Familial Adenomatous Polyposis-APC Fene
A-0565	Bone Growth Stimulators, Electrical and Electromagnetic

A-0583	Von Hippel-Lindau Syndrome - VHL Gene
A-0584	Li-Fraumeni Syndrome - TP53 Gene
A-0585	Cowden Syndrome - PTEN Gene
A-0590	Alzheimer Disease (Early Onset) - APP, PSEN1, and PSEN2 Genes
A-0594	Brugada Syndrome Channelopathy Genes
A-0595	Canavan Disease Genetic Testing
A-0597	Cystic Fibrosis-CFTR Gene and Mutation Panel
A-0598	Diabetes Mellitus (Maturity-Onset Diabetes of the Young)
A-0602	Fragile X Syndrome-FMR1 Gene
A-0604	Hemoglobin C and E - HBB Gene
A-0608	Muscular Dystrophies (Duchenne Becker)-DMD Gene
A-0627	Arrhythmogenic right Ventricular Cardiomyopathy
A-0629	Hyperhomocysteinemia - MTHFR Gene
A-0633	Familial Hypertrophic Cardiomyopathy, Nonsyndromic-Gene and Gene Panel Testing
A-0646	Pancreatitis, Hereditary - CFTR, CPA1, CTSC, PRSS1, and SPINK1 Genes
A-0648	Familial Dilated Cardiomyopathy-Gene and Gene Panel Testing
A-0655	Iliotibial Band Lengthening
A-0687	Rett Syndrome - CDKL5, FOXP1, and MECP2 Genes
A-0695	Facet Joint Injection
A-0704	Hereditary Hemorrhagic Telangiectasia - ACVRL1, ENG, GDF2, and SMAD4 Genes
A-0769	Celiac Disease - HLA Testing
A-0773	Colorectal Cancer - Gene Testing (Somatic or Therapeutic)
A-0774	Colorectal Cancer (Hereditary) - Gene Panel
A-0793	Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping
A-0795	Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic)
A-0797	Pancreatic Cancer (Hereditary)-Gene Panel
A-0799	Peutz-Jeghers Syndrome - STK11 Gene
A-0808	Alpha Thalassemia - HBA1 and HBA2 Genes
A-0815	Beta Thalassemia - HBB Gene
A-0823	Deafness and Hearing Loss, Nonsyndromic - Gene and Gene Panel Testing
A-0846	Neurofibromatosis - NF2 Gene
A-0856	Prostate cancer gene expression testing-Decipher
A-0861	Psychotropic Medication Pharmacogenetics - Gene Panels
A-0864	Sickle Cell Disease - HBB Gene
A-0905	Epilepsies (Hereditary) - Gene Panels
A-0907	Friedreich Ataxia-FXN Gene
A-0908	Spinocerebellar Ataxia - Gene Testing and Gene Panels
A-0918	Long QT Syndrome (Hereditary) - Gene Panel
A-0923	Intellectual Disability - Gene Panels
A-0948	Disk Arthroplasty, Lumbar
A-0958	Familial Hypercholesterolemia-APOB, LDLR, and PCSK9 Genes)
A-0989	Breast Cancer - PALB2 Gene
P-1056	Spine, Scoliosis, Posterior Instrumentation, Pediatric

R-102	Iobenguane I-131 (Azedra)
R-103	Lutetium Lu 177 vioivotide tetraxetan (Pluvicto)
R-104	Radium-223 dichloride (Xofigo)
R-15	Selective Internal Radiation Therapy (SIRT)
R-58	Ibritumomab tiuxetan (Zevalin)
R-94	Lutetium Lu 177 dotatate (Lutathera)
S-1045	Shoulder Arthroscopy
S-1056	Spine, Scoliosis, Posterior Instrumentation
S-1131	Tibial Osteotomy, Child or Adolescent
S-283	Diagnosis and Treatment of Sacroiliac Joint Pain
S-283	Diagnosis and Treatment of Sacroiliac Joint Pain
S-284	Ankle Arthroscopy
S-284	Ankle Arthroscopy
S-285	Spinal Cord and Dorsal Root Ganglion Stimulation
S-287	Recombinant Human Bone Morphogenetic Protein (rhBMP-2) (InFuse)
S-288	Bone Marrow Aspirate Concentrate (BMAC)
S-289	Bone Graft Substitutes
S-293	Facet Joint Ablation/Denervation
S-294	Drug Delivery Systems, Implantable Intrathecal
S-295	Intradiscal Procedures
S-297	Lesion Creation with Neurolytic Agent
S-298	Fluoroscopy, Spinal
S-299	Knee Replacement, Partial
S-302	Spinal Decompression, Lumbar
S-303	Knee Surgery: Anteriolateral Ligament (ALL) Reconstruction
S-304	Knee Surgery: Abrasion Arthroplasty/Microfracturing/Subchondral Drilling
S-305	Knee Surgery: Patellofemoral
S-306	Knee Surgery: High Tibial Osteotomy
S-308	Shoulder Surgery: Loose Body/Foreign Body Removal
S-309	Shoulder Surgery: Debridement
S-310	Cervical Discectomy or Microdiscectomy, Foraminotomy, Laminotomy
S-310	Cervical Discectomy or Microdiscectomy, Foraminotomy, Laminotomy
S-311	Shoulder Surgery: Labral Repair
S-312	Shoulder Surgery: Biceps Tenodesis
S-313	Shoulder Surgery: Shoulder Instability and/or Laxity
S-314	Shoulder Surgery: Coracoplasty/Subcoracoid Decompression
S-315	Hip Surgery: Labral Repair or Reconstruction
S-316	Hip Surgery: Femoroacetabular Impingement (FAI)
S-317	Hip Surgery: Avascular Necrosis (AVN)
S-318	Hip Surgery: Synovectomy
S-319	Hip Surgery: Open or Arthroscopic
S-320	Cervical Fusion, Anterior
S-322	Decompression and Discectomy, Thoracic
S-323	Microdiscectomy, Lumbar

S-324	Spinal Fusion, Thoracic and Thoracolumbar
S-325	Lysis of Epidural Adhesions
S-326	Shoulder Surgery: Distal Clavicle Excision/Subacromial Decompression/Acromioplasty
S-340	Cervical Laminectomy
S-560	Hip Arthroplasty
S-565	Hip Resurfacing
S-600	Hip: Displaced Fracture of Femoral Neck, Hemiarthroplasty
S-633	Shoulder Hemiarthroplasty
S-634	Shoulder Arthroplasty
S-700	Knee Arthroplasty, Total
S-705	Knee Arthroscopy
S-710	Knee Arthrotomy
S-760	Knee: Fracture of Tibial Plateau, Closed or Open Reduction
S-770	Knee: Patella Reconstruction or Realignment
S-820	Lumbar Fusion
S-633	Shoulder Hemiarthroplasty
S-634	Shoulder Arthroplasty
S-700	Knee Arthroplasty, Total
S-705	Knee Arthroscopy
S-710	Knee Arthrotomy
S-760	Knee: Fracture of Tibial Plateau, Closed or Open Reduction
S-770	Knee: Patella Reconstruction or Realignment
S-820	Lumbar Fusion

At that time, coverage guidelines can be accessed utilizing the live link from the medical policy website.

Revised Criteria for Septoplasty



Highmark Blue Cross Blue Shield has revised criteria for MCG A-0182 Septoplasty. A 4-week course of either an intranasal antihistamine or intranasal steroid will now be required prior to approval of the procedure.

This revised Medical Policy will apply to professional providers and/or facility claims. The effective date is May 27th, 2024.

Place of Service:

Please refer to Medical Policy MCG A-0182-001 CG, Septoplasty, 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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