HIGHMARK

July 2024

MEDICAL POLICY UPDATE

IN THIS ISSUE

Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
E-31 - Negative Pressure Wound Therapy Pumps/Vacuum Assisted Closure of Chronic Wounds	09/02/2024	This is an annual review. The policy position was reorganized. Coding was updated. Age restriction was removed.
E-47 - Non-Powered Negative Pressure Wound Therapy System	09/02/2024	This is an annual review. The policy position was reorganized. Coding was updated. Age restriction was removed.
E-68 - High Frequency Chest Wall Oscillation Devices	09/02/2024	This policy is scheduled for annual review. Administrative changes have been made with no criteria updates. The policy will publish on September 02, 2024.
I-4 - Hemophilia Treatment	09/23/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Additional minor administrative changes were made to the policy. Policy will publish on September 23, 2024.
I-76 - Ziconotide (Prialt®)	09/16/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish September 16, 2024.

I-78 - Intravitreal Implants	09/16/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish September 16, 2024.
I-86 - Bevacizumab (Avastin®)	09/09/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish on September 9, 2024
I-94 - Intravitreal Injections	09/09/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish September 9, 2024.
I-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	07/29/2024	This policy is being revised to include the new FDA approved expanded indication for Keytruda and Imfinzi. Keytruda and Imfinzi are now indicated as a single agent in combination with carboplatin and paclitaxel for the treatment of individuals with primary advanced or recurrent endometrial carcinoma.
I-149 - Chelation Therapy for Off-Label Uses	09/23/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 23, 2024.
I-151 - Site of Care	11/01/2024	This policy was updated to add Cosentyx and Adzynma to the Site of Care program. Policy will publish on November 1, 2024 with the standard 90 day notification.
I-181 - Pralatrexate (Folotyn)	09/23/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish September 23, 2024.
I-199 - Interleukin-23 Antagonists (Ilumya SC and Skyrizi IV)	07/29/2024	This policy is being revised to capture the new FDA expanded indication for Skyrizi for the treatment of adult individuals with moderate to severe ulcerative colitis (UC). Additional administrative changes are also being made to the policy. Policy will publish on July 29, 2024.
I-207 - Tagraxofusp-erzs (Elzonris)	09/23/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy update includes minor language revisions. Policy will publish September 23, 2024.
I-209 - Emapalumab-lzsg (Gamifant)	09/23/2024	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. Policy will publish on September 23, 2024.
I-214 - Luspatercept (Reblozyl)	09/23/2024	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. Coding was updated to NCCN recommendations. This policy will publish on September 23, 2024.
I-218 - Crizanlizumab (Adakveo)	09/16/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 16, 2024.
I-253 - Betibeglogene autotemcel (Zynteglo)	09/09/2024	This policy is up for annual review. The policy was revised to remove the upper age limit and allow for additional TDT genotypes on a case by case basis. Denial statement was also updated to not medically necessary. The policy will publish on September 9, 2024.
I-254 - Spesolimab (Spevigo)	09/16/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 16, 2024.
I-259 - Entranacogene dezaparvovec (EntranaDez)	09/09/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 9, 2024.
I-270 - Epcoritamab-bysp (Epkinly)	09/09/2024	This policy is scheduled for annual review. Policy revision includes coding update. Policy will publish September 9, 2024.
I-271 - Valoctocogene roxaparvovec (Roctavian)	09/09/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 9, 2024.
I-273- ADAMTS13, recombinant-krhn (Adzynma)	11/01/2024	Policy is being updated with addition of Adzyma to Site of Care Program. Policy will publish November 1, 2024
I-280 - Secukinumab (Cosentyx)	11/01/2024	This policy is up for annual review. The policy was updated to include which specialist physician (dermatologist, rheumatologist) should be prescribing the medication based on indication, in order to align with pharmacy policy criteria. Place of service was also

		updated to outpatient-infusion. Policy will publish on November 1, 2024.
I-281 - Exagamglogene autotemcel	09/02/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 2, 2024.
I-282 - Lovotibeglogene autotemcel (Lyfgenia)	09/02/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 2, 2024.
I-288 - Imetelstat (Rytelo)	07/29/2024	This is a new policy for the recently FDA approved imetelstat (Ryelto) for the treatment of adults with low- to intermediate-1 risk myelodysplastic syndromes (MDS) with transfusion-dependent anemia requiring four or more red blood cell units over 8 weeks who have not responded to or have lost response to or are ineligible for erythropoiesis-stimulating agents. Policy will publish on July 29, 2024.
I-290 - (Tarlatamab-dlle) Imdelltra	07/29/2024	This is a new policy establishing criteria for new to market therapy (Tarlatamab-dlle) Imdelltra, a Tcell engager therapy indicated for adult individuals with extensive small cell lung cancer. Policy will publish July 29, 2024.
I-291 - Lovotibeglogene autotemcel (Lyfgenia)	09/02/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 2, 2024.
MA I-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	07/29/2024	This policy was revised to include dx code C43.111 in the diagnosis code table for procedure code J9299. This code was inadvertently omitted from the table. Policy will publish on July 29, 2024.
MA I-199 - Interleukin-23 Antagonists (Ilumya SC and Skyrizi IV)	07/29/2024	This policy is being revised to capture the diagnosis codes for the new FDA expanded indication for Skyrizi for the treatment of adult individuals with moderate to severe ulcerative colitis (UC). Policy will publish on July 29, 2024.
MA I-207 - Tagraxofusp-erzs (Elzonris)	09/23/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy update includes minor language revisions.

		Policy will publish September 23, 2024.
MA I-209 - Emapalumab-lzsg (Gamifant)	09/23/2024	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. Policy will publish on September 23, 2024.
MA I-221 - Crizanlizumab (Adakveo)	09/16/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 16, 2024.
MA I-223 - Luspatercept (Reblozyl)	09/23/2024	This policy is up for annual review. Coding was updated to NCCN recommendations. This policy will publish on September 23, 2024.
MA I-264- Spesolimab (Spevigo)	09/16/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 16, 2024.
MA I-269 - Entranacogene dezaparvovec (EntranaDez)	09/09/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 9, 2024.
MA I-279 - Epcoritamab-bysp (Epkinly)	09/09/2024	This policy is scheduled for annual review. Policy update includes language and coding revisions. Policy will publish September 9, 2024.
MA I-280 - Valoctocogene roxaparvovec (Roctavian)	09/09/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 9, 2024.
MA I-289 - Secukinumab (Cosentyx)	11/01/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on November 1, 2024.
MA I-290 - Exagamglogene autotemcel	09/02/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 2, 2024.
MA I-298 - Imetelstat (Rytelo)	07/29/2024	This is a new policy for the recently FDA approved imetelstat (Ryelto) for the treatment of adults with low- to intermediate-1 risk myelodysplastic syndromes (MDS) with transfusion-dependent anemia requiring four or more red blood cell

		units over 8 weeks who have not responded to or have lost response to or are ineligible for erythropoiesis-stimulating agents. Policy will publish on July 29, 2024
MA I-299 - Betibeglogene autotemcel (Zynteglo)	09/09/2024	This is a new policy for Betibeglogene autotemcel (Zynteglo). Standardized Medicare coverage criteria was established for this policy. Policy will publish on September 9, 2024.
MA I-300 - (Tarlatamab-dlle) Imdelltra	07/29/2024	This is a new policy establishing criteria for new to market therapy (Tarlatamab-dlle) Imdelltra, a Tcell engager therapy indicated for adult individuals with extensive small cell lung cancer. Policy will publish July 29, 2024.
MA I-75 - Bevacizumab (Avastin)	09/09/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish on September 9, 2024
O-24 - Ankle-Foot/Knee-Ankle-Foot Orthosis	09/02/2024	This policy is scheduled for annual review. Administrative changes were made. Further changes include an update to criteria for non-ambulatory orthoses and an addition to list microprocessor controlled KAF/KAFO as experimental and investigational. This policy will publish on September 02, 2024.
S-12 - Team Surgery	07/22/2024	The policy is being revised to include surgical codes that require additional documentation to determine if the service is eligible for team surgery reimbursement. This follows the Medicare Physician Fee Schedule.
S-131 - Sacral Nerve Modulation/Stimulation	09/02/2024	This is an annual review. The policy position was reorganized, and language was updated. Coding was updated.
S-186 - Magnetic Resonance Imaging (MRI)-Guided Focused	09/02/2024	This is an annual review. There are no recommended revisions. This policy will publish on September 2, 2024.
S-203 - Transcatheter Pulmonary Valve Implantation	09/02/2024	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.
S-204 - Endoscopic Radiofrequency Ablation/Cryotherapy	09/02/2024	This is an annual review with no recommended changes. The policy will publish on September 2, 2024.
S-226 - Placental/Umbilical Cord Blood as a Source of Stem Cells	09/09/2024	This policy was revised to clarify that an individual must not have a suitable matched related donor, matched unrelated donor (MUD), mismatched unrelated donor (MMUD), or haploidentical donor readily available. Additional minor administrative changes were made to the policy. Policy will publish on September 9, 2024.
S-262 - Eustachian Tube Balloon Dilatation	09/02/2024	This is an annual review. There are no recommended changes. This policy will publish on September 2, 2024.
S-268 - Endobronchial Valve Surgery	09/02/2024	This policy is scheduled for annual review. The place of service has been changed from Inpatient/Outpatient to Inpatient only. The policy will publish on September 2, 2024.
S-270 - Endoscopic Stricturotomy	09/02/2024	This policy is scheduled for annual review. There are no changes to criteria. The policy will publish on September 2, 2024.
U-7 - Fetal Surgery for Prenatally Diagnosed Malformations	09/02/2024	This policy is scheduled for annual review. This policy is being archived. The policy will publish on September 2, 2024.
U-8 - Treatment of Twin-Twin Transfusion Syndrome with Amnioreduction and/or Fetoscopic Laser Therapy	09/02/2024	This policy is scheduled for annual review. This policy is being archived. The policy will publish on September 2, 2024.
V-44 - Medical Nutrition Management Services (MNT)	09/09/2024	This is an annual review. No recommended changes to coverage criteria. Operational guidelines will be revised to add prepay logic to both covered and non-covered dx codes. This policy will publish on September 9, 2024.
Y-23 - Chronic Pain Management	09/02/2024	This policy is scheduled for annual review. There are no changes to policy criteria. The policy will publish on September 2, 2024.

Injectable Drugs Added to Site of Care

NEWS FOR ALL PROVIDER TYPES

Highmark Blue Cross Blue Shield has established new criteria for I-151, Site of Care. Cosentyx and Adzynma are being added to the Site of Care program.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is November 1, 2024.

Place of Service: Outpatient-Infusion

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

ADAMTS13, recombinant-krhn (Adzynma) Added to Site of Care

NEWS FOR ALL PROVIDER TYPES

Highmark Blue Cross Blue Shield has revised criteria for I-273 ADAMTS13, recombinant-krhn (Adzynma). The policy was updated with the addition of Adzynma to the Site of Care Program.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is November 1, 2024.

Place of Service: Outpatient- Infusion

Please refer to Medical Policy I-273 ADAMTS13, recombinant-krhn (Adzynma), and Medical Policy I-151, Site of Care, for additional information.

Secukinumab (Cosentyx) Added to Site of Care

Highmark Blue Cross Blue Shield has revised criteria for I-280 Secukinumab (Cosentyx). The policy was updated to include which specialist physician (dermatologist, rheumatologist) should be prescribing the medication based on indication. The following indications now require a specialist physician to prescribe:

- Ankylosing Spondylitis
- Psoriatic Arthritis
- Non-radiographic Axial Spondyloarthritis

Secukinumab (Cosentyx) is also being added to the Site of Care program.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is November 1, 2024.

Place of Service: Outpatient- Infusion

Please refer to Medical Policy I-280, Secukinumab (Cosentyx), for additional information.

Coverage Criteria Established for Nogapendekin alfa inbakicept-pmln (Anktiva)

Highmark Blue Cross Blue Shield has established new criteria for I-287, Nogapendekin alfa inbakicept-pmln (Anktiva). This is a new policy creating criteria for Anktiva, an intravesical therapy indicated with Bacillus Calmette-Guérin (BCG) for the treatment of adult patients with BCGunresponsive nonmuscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is July 8, 2024.

Place of Service: Outpatient

Please refer to Medical Policy for I-287, Nogapendekin alfa inbakicept-pmln (Anktiva), for additional information.

Criteria Established for Imetelstat (Ryelto)

Highmark Blue Cross Blue Shield has established new criteria for Imetelstat (Ryelto) for the treatment of myelodysplastic syndrome (MDS) with transfusion dependent anemia. The following criteria will be established:

- Individual is 18 years of age or older; **and**
- Individual has a documented diagnosis of low- to intermediate- risk MDS as defined by **ONE** of the following:
    - Revised International Prognostic Scoring System (IPSS-R); Very low, low, intermediate (defined as a score of 0 to 4.5); **or**
    - IPSS: Low/Intermediate-1 (Score 0 to 1); **or**
    - WHO-Based Prognostic Scoring System (WPSS): very low, low, intermediate (Score 0 to 2); **and**
- Prescribed by or in consultation with a hematologist, oncologist, or other specialist with expertise in the diagnosis and management of myelodysplastic syndromes; **and**
- Prescriber has ruled out and/or addressed other causes of anemia [e.g., abnormal bleeding (gastrointestinal, uterine, etc.), hemolysis, nutritional deficiency, renal disease]; **and**
- Individual has required four (4) or more red blood cell units over an eight (8) week period; **and**
- Individual has had no response to or is ineligible for an erythropoiesis-stimulating agents (ESA)

This new Medical Policy will apply to professional providers and facility claims. The effective date is July 29, 2024.

Place of Service: Outpatient

Please refer to Medical Policy I-288, Imetelstat (Rytelo), for additional information.

Updated criteria for Nerve Conduction Studies and Electromyography

Highmark Blue Cross Blue Shield has established new criteria for M-28, Nerve Conduction Studies and Electromyography. The following criteria has been added to the policy:

Testing for the purpose of monitoring disease intensity or treatment efficacy in polyneuropathy of diabetes or end stage renal disease (ESRD) is not covered.

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

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy M-28, Nerve Conduction Studies and Electomyography, 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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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.
