HIGHMARK

August 2024

MEDICAL POLICY UPDATE

IN THIS ISSUE

Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
A-0167 - CG Cardiac Pacemaker Implantation or Replacement	09/30/2024	This MCG guideline was fully adopted in May of 2023. It will now be customized to add procedure codes 33262, 33263, 33264, and 33273. These codes will be added to the prior authorization list. This guideline will publish on September 30, 2024.
A-0433 - Pregnant Uterus, Transabdominal Ultrasound	10/07/2024	This is a new MCG fully adopted guideline, Pregnant Uterus, Transabdominal Ultrasound. The guideline will publish on October 7, 2024.
A-0434 - Pregnant Uterus, Transvaginal Ultrasound	10/07/2024	This is a new fully adopted MCG Guideline, Pregnant Uterus, Transvaginal Ultrasound. The guideline will publish on October 7, 2024.
A-0532 - Breast Cancer Gene Expression Assays	12/02/2024	This is a new policy for NY only. This policy will publish on December 2, 2024.
A-0581 - Neurofibromatosis - NF1 Gene	12/02/2024	This MCG guideline is being presented for full adoption for NY only. It is recommended to adopt this guideline and it will be scheduled to be activated on December 2, 2024.
A-0582 - (Hereditary) - Gene Panel Multiple Endocrine Neoplasia (MEN) Syndrome, Type 1 - MEN1 Gene	12/02/2024	This MCG guideline is being presented for full adoption for NY only. It is recommended to adopt this guideline and it will be scheduled to be activated on December 2, 2024.
A-0611 - Niemann-Pick Disease (Acid Sphingomyelinase Deficiency) - NPC1, NPC2, and SMPD1 Genes	12/02/2024	This MCG guideline is being presented for full adoption for NY only. It is recommended to adopt this guideline and it will be scheduled to be activated on December 2, 2024.

A-1 - Anesthesia Provided in Conjunction with Non-cover	09/30/2024	This is an annual review. There are no recommended changes to criteria. This policy will publish on September 30, 2024.
E-1 - Durable Medical Equipment (DME)	09/30/2024	This is an annual review. There are no recommended changes to coverage criteria. Diagnosis codes were updated. This policy will publish on September 30, 2024.
MA E-1 - Durable Medical Equipment Reference List	09/30/2024	This is an annual review. The policy was updated to capture CMS compliance updates. The policy will publish on September 30, 2024.
E-12 - Beds - Accessories and Related Items	09/30/2024	This is an annual review. There are no recommended changes to coverage criteria. This policy will publish on September 30, 2024.
G-46 - Inhaled Nitric Oxide	10/07/2024	This policy is scheduled for annual review. The policy will be archived. The policy will publish on October 7, 2024.
I-24 - Belatacept (Nulojix)	10/14/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. The policy will publish on October 14, 2024.
I-25 - Desensitization Treatment for Heart and Renal Transplant	09/30/2024	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. The policy will publish on September 30, 2024.
I-27 - Certolizumab (Cimzia®)	11/25/2024	This policy is up for annual review. The policy was updated to include which type of specialist should be prescribing the medication based on indication. Policy will publish on November 25, 2024.
I-28 - Infliximab and Infliximab Biosimilars	11/25/2024	This policy is up for annual review. Criteria was revised to require a specialist to prescribe so that the policy is aligned with Pharmacy. The policy will publish on November 25, 2024.
I-31 - Tocilizumab (Actemra®)	11/25/2024	This policy is up for annual review. The policy was updated to include which type of specialist should be prescribing the medication based on indication, in order to align with pharmacy policy criteria. Criteria was also established for the FDA expanded indication for Tofidence for treatment of Giant Cell Arthritis (GCA). Policy will publish on November 25, 2024.
I-35 - Golimumab (Simponi®, Simponi Aria®)	11/25/2024	This policy is up for annual review. The policy was updated to include which type of specialist should be prescribing the medication based on indication, in order to align with pharmacy policy criteria. Additional administrative changes were also made to the

		policy. Policy will publish on November 25, 2024.
I-37 - Ustekinumab (Stelara®)	11/25/2024	This policy is up for annual review. The policy was updated to capture new NCCN recommendations for immune-checkpoint inhibitor-related toxicity. Policy was also updated to add which type of specialist should be prescribing the medication based on indication, in order to align with pharmacy policy criteria. Policy will publish on November 25, 2024.
I-38 - Rituximab (Rituxan®)	11/25/2024	This policy is up for annual review. The RA reauthorization criteria requiring the trial and failure of preferred products has been removed. The criteria for RA was also revised to require a specialist to prescribe. Coding was updated to NCCN recommendations. The policy will publish on November 25, 2024.
MA I-38 - Rituximab (Rituxan)	11/25/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding is being updated per NCCN recommendations. Policy will publish on November 25, 2024.
I-90 - Abatacept (Orencia®) IV and SC	11/25/2024	This policy is up for annual review. The policy was updated to capture the new FDA expanded indication for psoriatic arthritis to lower the minimum age to 2 years of age or older for the SC product. Policy was also updated to capture new NCCN recommendations for immune checkpoint related toxicities. The policy was updated to include which type of specialist should be prescribing the medication based on indication, in order to align with pharmacy policy criteria. Policy will publish on November 25, 2024.
MA I-90 - Abatacept (Orencia) IV	11/25/2024	This policy is up for annual review. Coding was updated to match NCCN recommendations. Policy will publish on November 25, 2024.
I-129 - Vedolizumab (Entyvio)	11/25/2024	This policy is up for annual review. The policy criteria was revised to add the requirement for a specialist prescriber. Criteria was also established for GHVD and Immune Checkpoint Inhibitor Toxicity. Coding was also updated. Policy will publish on November 25, 2024.
MA I-129 - Vedolizumab (Entyvio®)	11/25/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated to match NCCN recommendations. Policy will publish on November 25, 2024.

I-130 - Complement Inhibitors (Soliris, Ultomiris, Empaveli)	09/02/2024	This policy is being updated with new to market therapy Piasky. Policy will publish September 2, 2024.
MA I-130 - Complement Inhibitors (Soliris, Ultomiris, Empaveli)	09/02/2024	This policy is being updated with new to market therapy Piasky. Policy will publish September 2, 2024.
MA I-139 - Ustekinumab (Stelara®)	11/25/2024	This policy is up for annual review. There are no indications for a change in coverage at this time, administrative changes were added to reflect coding that was in place. Policy will publish on November 25, 2024.
I-151 - Site of Care	09/01/2024	The policy is being revised to add Kisunla to the site of care program effective September 1, 2024.
I-170 - Siltuximab (Sylvant)	09/30/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 30, 2024.
MA I-170 - Sylvant	09/30/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 30, 2024.
MA I-184 - Certolizumab (Cimzia)	11/25/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on November 25, 2024.
MA I-194 - Tocilizumab (Actemra)	11/25/2024	This policy is up for annual review. Eligible diagnosis codes were added for the new FDA expanded indication for Tofidence for treatment of Giant Cell Arteritis (GCA). Policy will publish on November 25, 2024.
MA I-199 - Interleukin-23 Antagonists	09/02/2024	This policy is up for annual review. Policy and coding were updated to include criteria for mirikizumab-mrkz (Omvoh). Policy will publish on September 2, 2024.
I-199 - Interleukin-23 Antagonists (Ilumya SC and Skyrizi IV)	09/02/2024	This policy is being updated to establish criteria for mirikizumab-mrkz (Omvoh) for treatment of adults with moderate to severe ulcerative colitis. This policy will publish on September 2, 2024.
I-210 - IL-1 and IL-1b Blockers	10/14/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. The policy will publish on October 14, 2024.
WV MA I-210 - IL-1 and IL-1b Blockers	10/14/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. The policy will publish on October 14, 2024.

MA I-218 - Golimumab (Simponi, Simponi Aria)	11/25/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on November 25, 2024.
I-224 - Delaware Step Therapy Override Exception	10/14/2024	This policy is up for annual review. There are no updates to the mandate language and no change in coverage at this time. Policy will publish on October 14, 2024.
I-247 - Efgartigmod alfa-fcab (Vyvgart) and Efgartigmod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo)	09/02/2024	This policy is up for annual review. Policy criteria was updated to exclude concurrent use with Zilbrysq. Criteria was established for Vyvgart Hytrulo's expanded indication of chronic inflammatory demyelinating polyneuropathy. Policy will publish on September 2, 2024.
I-252 - West Virginia Telemedicine Exception	10/14/2024	This policy is up for annual review. The mandate language remains the same and there are no indications for a change in coverage at this time. Policy will publish on October 14, 2024.
I-255 - Tenecteplase (TNKase)	10/14/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. The policy will publish on October 14, 2024.
MA I-256 - Efgartigmod alfa-fcab (Vyvgart) and Efgartigmod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo)	09/02/2024	This policy is up for annual review. This policy is being revised to capture the diagnosis codes for the new FDA expanded indication for Vyvgart Hytrulo for the treatment of chronic inflammatory demyelinating polyneuropathy (CIDP). Policy will publish on September 2, 2024.
I-272 - Rozanolixizumab-noli (Rystiggo)	10/07/2024	This policy is up for annual review. The policy criteria was updated to exclude concurrent use with Zilbrysq. Policy will publish on October 7, 2024.
I-278 - Pozelimab-bbfg (Veopoz)	10/14/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. The policy will publish on October 14, 2024.
WV MA I-278 - Pozelimab-bbfg (Veopoz)	10/14/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. The policy will publish on October 14, 2024.
MA I-282 - Rozanolixizumab-noli (Rystiggo)	10/07/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on October 7, 2024.

I-291 - Donanemab (Kisunla)	09/02/2024	This is a new policy for the recently FDA approved medication donanemab (Kisunla). Donanemab will be considered experimental/investigational for commericial coverage. Policy will publish on September 2, 2024.
DE I-291 - Donanemab (Kisunla)	09/02/2024	This is a new policy for the state of Delaware for the recently FDA approved medication Donanemab (Kisunla) which is indicated for early Alzheimer's disease. Policy will publish on September 2, 2024.
L-115 - Testing for Fetal Chromosomal Microdeletions	12/02/2024	This is a new policy for NY only. This policy will have experimental/investigational criteria. Policy will publish on December 2, 2024.
L-123 - Liquid Biopsy Testing – Solid Tumors	12/02/2024	This is a new policy for NY only. This policy will publish on December 2, 2024.
L-216 - DecisionDX-UM	12/02/2024	This is a new medical policy for NY only. This policy will publish on December 2, 2024.
L-221 - Genetic Testing for Diseases of the Thyroid	12/02/2024	This is a new policy for NY only. This policy will have medically necessary criteria. This policy will publish on December 2, 2024.
L-222 - Multimarker Serum Testing Related to Ovarian Cancer	12/02/2024	This is a new policy for NY only. Criteria has been established for Multimarker Serum Testing Related to Ovarian Cancer. The policy will publish on December 2, 2024.
L-233 - Liver Fibrosis Laboratory Tests	12/02/2024	This is a new medical policy for NY only. This policy will publish on December 2, 2024.
L-271 - Testing for Hematologic Malignancies	12/02/2024	This is a new policy for NY only. This policy has medically necessary criteria. Policy will publish on December 2, 2024.
L-287 - Chromosomal microarray (CMA) /Array Comparative Genomic Hybridization (aCGH)	12/02/2024	This is a new medical policy for NY only. This policy will publish on December 2, 2024.
L-288 - Pediatric Panel Testing Guidelines	12/02/2024	This is a new medical policy for NY only. This policy will publish on December 2, 2024.
L-290 - Next-Generation Sequencing for the Assessment of Measurable Residual Disease Testing for Cancer	12/02/2024	This is a new medical policy for NY only. This policy will publish on December 2, 2024.
L-294 - Genetic Testing for Bladder Cancer	12/02/2024	This is a new policy for NY only. Policy will publish on December 2, 2024.
L-296 - Genetic Testing for Epilepsy	12/02/2024	This is a new policy for NY. This policy will publish on December 2, 2024.

MA N-24 - Miscellaneous Services	09/30/2024	This is an annual review. Procedure codes were added to and removed from the policy. The policy will publish on September 30, 2024.
NY MA N-24 - Miscellaneous Services	09/30/2024	This is an annual review. Procedure codes were added to and removed from the policy. The policy will publish on September 30, 2024.
O-10 - Dynamic Splinting Devices	10/07/2024	This is an annual review. The policy position was reorganized. The policy will publish on October 7, 2024.
S-33 - Bio-Engineered Skin and Soft Tissue Substitutes	11/11/2024	This policy is scheduled for annual review. Criteria was updated regarding the product TheraSkin. Addition of experimental/investigational CPT codes. The policy will publish on November 11, 2024.
S-46 - Mohs Micrographic Surgery (MMS)	10/07/2024	This policy is scheduled for annual review. There are no changes to criteria or coding. The policy will publish on October 7, 2024.
S-129 - Mastectomy and Reconstructive Surgery	10/07/2024	This policy is being updated to clarify and simplify indications for surgery on contralateral breast to produce symmetry. No operational guidelines were modified, and this policy will publish on October 7, 2024.
S-180 - Recombinant and Autologous Platelet-Derived Gro	09/30/2024	This is an annual review. There are no recommended changes to coverage criteria. Coding has been updated. This policy will publish on September 30, 2024.
S-184 - Gender Reassignment Surgery	09/30/2024	This policy is scheduled for annual review. The language regarding mental health and hormone therapy was updated. The policy will publish on September 30, 2024.
S-237 - Discography	09/30/2024	This policy is scheduled for annual review. There are no indications for a change in coverage at this time. The policy will publish on September 30, 2024.
S-249 - Amniotic Membrane and Amniotic Fluid	09/30/2024	This policy is scheduled for annual review. Three Dx codes were added to the policy. There are no changes to criteria. The policy will publish on September 30. 2024.
X-21 - Mammography	10/07/2024	This policy is scheduled for annual review. There are no changes in coverage. The policy will publish on October 7, 2024.
Z-105 - Prescription Digital Therapeutics	09/30/2024	Minor language revision made to one of the digital therapeutics name. Coding updated. This policy will publish on September 30, 2024.

Update: Policy Criteria Established

NEWS FOR ALL PROVIDER TYPES

Highmark New York has established new policies, new guidelines, revised criteria for the following list of policies.

The effective date is December 2, 2024.

New Policies or Guidelines:

Policy or Guideline Number	Policy or Guideline Name
A-0270-001 NY CG	Brachytherapy
A-0423-001 NY CG	Stereotactic Radiosurgery
A-0455-001 NY CG	Intensity Modulated Radiation Therapy
A-0499-001 NYCG	Breast or Ovarian Cancer, Hereditary BRCA1 and BRCA2 Genes
A-0532-001-NY CG	Breast Cancer Gene Expression Assays
A-0534	Familial Adenomatous Polyposis-APC Gene
A-0581	Neurofibromatosis - NF1 Gene
A-0582	(Hereditary) - Gene Panel Multiple Endocrine Neoplasia (MEN) Syndrome, Type 1 - MEN1 Gene
A-0583	Von Hippel-Lindau Syndrome - VHL Gene
A-0585	Cowden Syndrome - PTEN Gene
A-0586	Retinoblastoma - RB1 Gene
A-0590	Alzheimer Disease (Early Onset) - APP, PSEN1, and PSEN2 Genes
A-0591	Amyotrophic Lateral Sclerosis (ALS) - C9orf72, FUS, SOD1, and TARDBP Genes
A-0592	Ashkenazi Jewish Genetic Carrier Panel
A-0594	Brugada Syndrome Channelopathy Genes
A-0597	Cyctic Fibrosis-CFTR Gene and Mutation Panel
A-0600	Factor V Leiden Thrombophilia - F5 Gene
A-0602	Fragile X Syndrome-FMR1 Gene
A-0608	Muscular Dystrophies (Dychennem Becker)-DMD Gene
A-0611	Niemann-Pick Disease (Acid Sphingomyelinase Deficiency) - NPC1, NPC2, and SMPD1 Genes
A-0612	Prostate Cancer - BRCA1 and BRCA2 Genes
A-0613	Prothrombin Thrombophilia - F2 Gene
A-0614	Tay-Sachs Disease Testing
A-0615	Wilms Tumor - WT1 Gene
A-0627	Arrhythmogenic right Ventricular Cardiomyopathy
A-0633	Familial Hypertrophic Cardiomyopathy, Nonsyndromic- Gene and Gene Panel Testing
A-0646	Pancreatitis, Hereditary - CFTR, CPA1, CTRC, PRSS1, and SPINK1 Genes
A-0648	Familial Dilated Cardiomyopathy-Gene and Gene Panel Testing

A-0659	Spinal Muscular Atrophy - SMN1 and SMN2 Genes
A-0691	Charcot-Marie-Tooth Hereditary Neuropathy - Gene and Gene Panel Testing
A-0694-001 NY CG	Stereotactic Body Radiotherapy
A-0704	Hereditary Hemorrhagic Telangiectasia - ACVRL1, ENG, GDF2, and SMAD4 Genes
A-0707	Prader-Willi Syndrome DNA Methylation Testing
A-0708	Angelman Syndrome - UBE3A Gene
A-0724	Noninvasive Prenatal Testing (Cell-Free Fetal DNA - Aneuploidy Testing
A-0762	Axial Spondyloarthritis - HLA-B27 Testing
A-0767	Breast Cancer (Hereditary) - Gene Panel
A-0769	Celiac Disease - HLA Testing
A-0773	Colorectal Cancer - Gene Testing (Somatic or Therapeutic)
A-0774	Colorectal Cancer (Hereditary) - Gene Panel
A-0778	Familial Thoracic Aortic Aneurysm and Aortic Dissection - Gene Testing and Gene Panels
A-0780	Gastrointestinal Stromal Tumor (GIST) - KIT and PDGFRA Genes
A-0782	Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing
A-0788	Marfan Syndrome-FBN1 Gene
A-0797	Pancreatic Cancer (Hereditary)-Gene Panel
A-0798	Paraganglioma-Pheochromocytoma (Hereditary) - Gene Testing and Gene Panel
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-0828	MUTYH-Associated Polyposis - MUTYH Gene
A-0842	Multiple Endocrine Neoplasia (MEN) Syndrome, Type 2 - RET Gene
A-0846	Neurofibromatosis - NF2 Gene
A-0849	Noninvasive Prenatal Testing (Cell-Free Fetal DNA) - Monogenic Disorders
A-0850	Noninvasive Prenatal Testing (Cell-Free Fetal DNA) - Sex Chromosome Disorders
A-0864	Sickle Cell Disease - HBB Gene
A-0907	Friedreich Ataxia-FXN Gene
A-0908	Spinocerebellar Ataxia - Gene Testing and Gene Panels
A-0909	Loeys- Dietz Syndrome - Gene and Gene Panel Testing
A-0910	Ehlers-Danlos Syndrome (Vascular) - COL3A1 Gene
A-0912	Retinal Disorders (Hereditary) - Gene Panels
A-0915	Noonan Syndrome - Gene and Gene Panel Testing
A-0918	Long QT Syndrome (Hereditary) - Gene and Gene Panel Testing
A-0958	Familial Huypercholesterolemia- APOB, LDLR, and PCSK9 Genes)
A-1005	Narcolepsy-HLA Testing
A-1006	Alpha-1 Antitrypsin Deficiency - SERPINA1 Gene
L-115	Testing for Fetal Chromosomal Microdeletions
L-123	Liquid Biopsy Testing – Solid Tumors
L-124	Somatic Biomarker Testing for Solid Tumors
L-191	Intracellular Micronutrient Testing Panel
L-195	Genetic Testing: Germline Cancer Testing after Somatic Testing

L-216	Uveal Melanoma: DecisionDx
L-221	Genetic Testing for Diseases of the Thyroid
L-222	Multimarker Serum Testing Related to Ovarian Cancer
L-229	Genetic Testing for Mitochondrial Disorders
L-233	Liver Fibrosis Laboratory Tests
L-235	Genetic Testing: Polymerase Gamma (POLG) Related Disorders
L-261	Experimental/Investigational Laboratory Services
L-271	Testing for Hematologic Malignancies
L-274	Red Blood Cell (RBC) Antigen Genotyping
L-275	Fetal RhD Genotyping Using Maternal Plasma
L-276	Genetic Testing for Alzheimer Disease
L-277	Laboratory Administrative Guidelines
L-280	Pharmacogenetic/Pharmacogenomic Testing
L-284	Laboratory Testing: Medical Necessity
L-285	General Approach to Genetic Testing
L-286	Chromosome Analysis (Karyotype)
L-287	Chromosomal microarray (CMA) /Array Comparative Genomic Hybridization (aCGH)
L-288	Pediatric Panel Testing Guidelines
L-289	Expanded Carrier Screening Guidelines
L-290	Next-Generation Sequencing for the Assessment of Measurable Residual Disease Testing for Cancer
L-292	Genetic Testing for Autism
L-293	Genetic Testing for Benign Hematology
L-294	Genetic Testing for Bladder Cancer
L-295	Genetic Testing for Idiopathic Pulmonary Fibrosis
L-296	Genetic Testing for Epilepsy
L-297	Genetic Testing for Pain
L-299	Genetic Testing for Intellectual Disability
L-300	Genetic Risk Stratification for Skin Cancer
L-301	Molecular Testing in the Management of Pulmonary Nodules
L-302	Genetic Testing for Prostate Cancer
L-303	Renaltyx- KidneyIntelX
L-304	Whole Genome Sequencing/Whole Exome Sequencing
L-96	Biomarkers in Risk Assessment and Management of Cardiovascular Disease
R-76-001 HMK NY	Hyperthermia

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

Update: Policy Guidelines Archived

Highmark New York has communicated the following new guidelines in the February 2024 MPU; however, these will no longer be effective.

Archived guidelines effective immediately:

Policy or Guideline Number	Policy or Guideline Name
A-0856	Prostate Cancer Gene Expression Testing-Decipher
A-0905	Epilepsies (Hereditary) - Gene Panels
A-0861	Behavioral Health Medication Pharmacogenetics - Gene Panels
A-0923	Intellectual Disability - Gene Panels
A-0687	Rett Syndrome - CDKL5, FOXG1, and MECP2 Genes
A-0595	Canavan Disease Genetic Testing

Criteria for TheraSkin Is Being Revised

The following criteria is being removed from Medical Policy S-33, Bioengineered Skin, for the utilization of the product TheraSkin.

“Other uses supported by clinical results and clinical literature include pressure sores, skin cancer excision (e. g., Mohs Surgery), large surgical wounds (e. g., club release, etc.), radiation compromised wounds and necrotizing fasciitis.”
These indications will no longer be covered.

This revised Medical Policy will apply to professional providers and facility claims).
The effective date is November 11, 2024

Place of Service: Outpatient

Please refer to Medical Policy -33, Bioengineered Skin,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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