

# MEDICAL POLICY UPDATE

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## 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-tftv (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 Videonystagmograph	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 Shield (NY) established new policies, new guidelines, revised criteria 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

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

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



<b>S-324</b>	Spinal Fusion, Thoracic and Thoracolumbar
<b>S-325</b>	Lysis of Epidural Adhesions
<b>S-326</b>	Shoulder Surgery: Distal Clavicle Excision/Subacromial Decompression/Acromioplasty
<b>S-340</b>	Cervical Laminectomy
<b>S-560</b>	Hip Arthroplasty
<b>S-565</b>	Hip Resurfacing
<b>S-600</b>	Hip: Displaced Fracture of Femoral Neck, Hemiarthroplasty
<b>S-633</b>	Shoulder Hemiarthroplasty
<b>S-634</b>	Shoulder Arthroplasty
<b>S-700</b>	Knee Arthroplasty, Total
<b>S-705</b>	Knee Arthroscopy
<b>S-710</b>	Knee Arthrotomy
<b>S-760</b>	Knee: Fracture of Tibial Plateau, Closed or Open Reduction
<b>S-770</b>	Knee: Patella Reconstruction or Realignment
<b>S-820</b>	Lumbar Fusion
<b>S-633</b>	Shoulder Hemiarthroplasty
<b>S-634</b>	Shoulder Arthroplasty
<b>S-700</b>	Knee Arthroplasty, Total
<b>S-705</b>	Knee Arthroscopy
<b>S-710</b>	Knee Arthrotomy
<b>S-760</b>	Knee: Fracture of Tibial Plateau, Closed or Open Reduction
<b>S-770</b>	Knee: Patella Reconstruction or Realignment
<b>S-820</b>	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 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 27<sup>th</sup>, 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](mailto:medicalpolicy@highmark.com)



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