

MEDICAL POLICY UPDATE



June 2022



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Policy

Policy Title	Anticipated Issue Date	30 Day Notification Information
B-14 Primary Care Provider/Psychiatry Consultation of Care	08/01/2022	This policy is up for annual review. This policy will be archived. Publish date is August 1, 2022.
E-16 Cranial Electrotherapy Stimulation and Auricular Electrostimulation	08/01/2022	This is the annual review. No recommended changes in coverage. Policy will publish August 1, 2022
E-2 Home Dialysis Equipment and Supplies	08/01/2022	This is the annual review for this policy. The code E1629 is being added to this policy. It was previously on Z-67 and experimental and investigational. It will now be covered as medically necessary, with diagnosis code. This policy will publish August 1, 2022.
E-32 Nebulizers	08/01/2022	This is the annual review, no change in coverage. This policy will publish August 1, 2022.
E-35 Ultrasound Osteogenesis Stimulator	08/01/2022	This is the annual review for the policy. The procedure code A4559 is being removed (gel for ultrasound) since this is used for all ultrasound procedures. There will be no restriction on the code for gel now. This policy will publish August 1, 2022.
E-46 Electrical Stimulation Devices for the Treatment of Arthritis	08/01/2022	This is the annual review, there are no recommended changes. This policy will publish August 1, 2022.
G-26 Electroconvulsive Therapy	08/01/2022	This is the annual review. There are no recommended changes, and policy will publish August 1, 2022.
G-43 Measurement of Exhaled Nitric Oxide	08/01/2022	This policy is for an annual review. Revisions were made to change denial from experimental/investigational to not medically necessary, diagnosis coding has also been updated. This policy will publish on August 1, 2022.

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I-11 Chemodenervation - Botulinum Toxin	08/01/2022	This policy was scheduled for annual review. The coverage criteria was updated and the diagnosis codes were updated. The policy will publish on August 1, 2022.
I-141 Compound Medications	08/01/2022	This policy was scheduled for annual review. No change in coverage. This policy will publish on August 1, 2022.
I-142 Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors	8/01/2022	This policy was scheduled for annual review. The policy will be archived and will publish on August 1, 2022.
I-149 Chelation Therapy for Off-Label Uses	08/01/2022	This policy was scheduled for annual review. There is no change in coverage. The policy will publish on August 1, 2022.
I-151 Site of Care	10/01/2022	This policy is being updated to add Saphnelo (J0491) and Nexviazyme (J0219) to our site of care program. Policy will publish October 1, 2022.
I-165 Bezlotoxumab (Zinplava)	08/01/2022	This policy was scheduled for annual review. No change in coverage. This policy will publish on August 1, 2022.
I-180 Chimeric Antigen Receptor T-Cell Therapy	08/01/2022	This policy is being revised to update criteria for a new indication for Yescarta. This policy will now include criteria for relapsed or refractory large B-cell lymphoma. Acute lymphoblastic leukemia Indication added for Tecartus. Policy will publish August 1, 2022.
I-217 Polatuzumab vedotin-piiq (Polivy)	08/01/2022	This policy is scheduled for annual review. Changes were made to NCCN criteria by replacing language with new NCCN recommendation statement. Policy will publish August 1, 2022.
I-225 Pertuzumab, trastuzumab, and hyaluronidase-zzxf (Phesgo)	08/01/2022	This policy is scheduled for annual review. Changes were made to NCCN criteria by replacing language with new NCCN recommendation statement. This policy will publish August 1, 2022.
I-234 Naxitamab (Danyelza)	08/01/2022	This policy is up for annual review. There are no indications for a change in coverage at this time. Language revisions were made to the policy. Policy will publish on August 1, 2022.
I-239 Trilaciclib (Cosela)	08/01/2022	This policy is up for annual review. Policy criteria was updated to the standardized NCCN language. Coding changes were made as well. Policy will publish on August 1, 2022.
I-245 Anifrolumab-fnia (Saphnelo)	10/01/2022	This policy is being updated to add Saphnelo to our site of care program. Place of service will be updated to Outpatient-Infusion with the default statement. Policy will publish October 1, 2022.
I-41 Carfilzomib (Kyprolis)	08/08/2022	This policy is up for annual review. Policy criteria was revised and standardized NCCN language was added. Coding was updated to include the additional covered diagnosis of amyloidosis. Policy will publish on August 8, 2022.
I-53 Omalizumab (Xolair)	09/26/2022	This policy is up for annual review. Language revisions were made to the policy regarding self-administration of the product. Reauthorization criteria was also

Policy Title	Anticipated Issue Date	30 Day Notification Information
		established for each indication. The policy will publish on September 26, 2022.
I-58 Enzyme Replacement Therapies	10/01/2022	This policy is being updated to add Nexviazyme to our site of care program. Place of service will be updated to Outpatient-Infusion with the default statement. Policy will publish October 1, 2022.
I-7 Erythropoiesis Stimulating Agents	08/08/2022	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding updates were also made. The policy will publish on August 8, 2022.
I-76 Ziconotide (Prialt)	08/08/2022	This policy is up for annual review. There are no indications for a change of coverage at this time. Minor language revisions were made to this policy. Policy will publish on August 8, 2022.
I-83 Bortezomib (Velcade)	08/01/2022	This policy is up for annual review. Policy criteria was revised and standardized NCCN language was added. Coding updates were also made. Policy will publish on August 1, 2022.
L-194 WATS3D Biopsy (EndoCDx®)	08/01/2022	This policy is scheduled for annual review. Minimal administrative changes made. This policy is scheduled to publish August 1, 2022.
L-2 Collection of Specimens	08/01/2022	This policy is scheduled for annual review. Minimal administrative changes made. This policy is scheduled to publish August 1, 2022.
L-261 Experimental/Investigational Laboratory Services	08/01/2022	This policy is scheduled for annual review. Procedure coding updated. This policy is scheduled to publish August 1, 2022.
L-264 Serum Biomarker Panel Testing for Systemic Lupus Erythematosus	08/01/2022	This policy is scheduled for annual review. CPT Procedural coding and ICD Diagnosis coding updated. This policy is scheduled to publish August 1, 2022.
S-106 Bulking agents for the Treatment of Urinary Stress Incontinence and Vesicoureteral Reflux	08/01/2022	This policy is scheduled for annual review. ICD coding has been updated. This policy is scheduled to publish August 1, 2022.
S-157 Extracorporeal Shock Wave Therapy for Musculoskeletal Conditions and Soft Tissue Wounds	08/01/2022	This policy is scheduled for annual review. No change in coverage is required. The policy will publish on August 1, 2022.
S-236 Aqueous Shunts and Stents for Glaucoma	08/01/2022	This policy is scheduled for annual review. Minimal administrative changes made. This policy is scheduled to publish August 1, 2022.
S-249 Amniotic Membrane and Amniotic Fluid	08/08/2022	This policy is scheduled for annual review. There is no change in the policy criteria. The policy will publish on August 8, 2022.
S-33 Bioengineered Skin and Soft Tissue Substitutes	08/08/2022	This policy is up for annual review and will have no change in criteria. The names of the products that are experimental/investigational have been removed. This policy is scheduled to publish August 8, 2022.
S-41 Corneal Surgery to Correct Refractive Errors, Phototherapeutic Keratectomy,	08/01/2022	This policy is scheduled for annual review. ICD coding has been updated. This policy is scheduled to publish August 1, 2022.

Policy Title	Anticipated Issue Date	30 Day Notification Information
and Corneal Collagen Cross-Linking		
U-5 Assisted Reproductive Technology	08/01/2022	This policy is scheduled for annual review. This is a replacement policy. This policy is scheduled to publish on August 1, 2022.
V-16	06/06/2022	ASHA guidelines were utilized to update the criteria. The policy criteria are now outlined for adult and pediatric individuals. Diagnosis codes were removed from the policy as they limited eligibility. The policy published on June 6, 2022. This policy went through an expedited process for New York based on New York Policies and Procedures.
V-37 Autism Spectrum Disorders	08/01/2022	This is the annual review. Each state has a different policy with the state's mandate information. Codes were reviewed with BH department. This policy will publish August 1, 2022.
Z-105 Prescription Digital Therapeutics	08/01/2022	This is a new policy. This policy is scheduled to publish August 1, 2022.
Z-3 Hyperbaric Oxygen Therapy	08/01/2022	This is the annual review. This policy has updated wording which offers better clarification. There are no changes to criteria. This policy will publish August 1, 2022.
Z-50 Determination of Refractive State	08/01/2022	This policy is scheduled for annual review. Minimal administrative changes made. This policy is scheduled to publish August 1, 2022.



Injectable Drugs Added to Site of Care



Highmark Blue Shield of Northeastern New York has added the following injectable drugs to site of care criteria:

- Anifrolumab-fnia (Saphnelo)
- Avalglucosidase alfa-ngpt (Nexviazyme)
- Efgartigmod alfa-fcab (Vyvgart)

This revised Medical Policy will apply to both professional providers and facility claims. The effective date will be October 1, 2022.

Place of Service: Outpatient-Infusion

Please refer to Medical Policy I-245, Anifrolumab-fnia (Saphnelo) Medical Policy I- 58, Enzyme Replacement Therapies, and I-247 Efgartigmod alfa-fcab (Vyvgart), for additional information.

Reminder: Spine Surgery Coverage Guideline Update



Highmark Blue Shield of Northeastern New York is providing a reminder to all providers.

The Spine Surgery coverage guideline will be updated and take effect September 01, 2022. This applies to both professional provider and facility claims.

The updates to the Spine Surgery guideline are as follows:

- Spine Surgery Guidelines
 - CMM-609: Lumbar Fusion (Arthrodesis)

To see any further editorial updates, follow the pathway provided below.

Spine Surgery Guideline:

Section Name / Policy Name	Section Number	Procedure Code(s)	Summary of change
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CMM-609: Lumbar Fusion (Arthrodesis)	CMM-609.2	22533, 22534, 22558, 22586, 22612, 22630, 22632, 22633, 22634	Reformatted bullets underneath Lumbar fusion with Decompression to add further clarification for criteria needed when lumbar fusion with decompression is performed for actual instability vs when performed for anticipated iatrogenic instability
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At that time, coverage guidelines can be accessed utilizing the live link from the medical policy website.

If you wish to see the updates prior to the implementation date, please go to eviCore website under the Future tab for Spine Surgery utilizing the following pathway:

- Provider Resource Center→Medical Policy Search→Medical Policies→EVICORE CLINICAL GUIDELINES (top blue bar)→EVICORE CLINICAL GUIDELINES (body of page)→Access Guidelines→ Select appropriate Musculoskeletal: Advances Procedures→ *Search Health Plan* by typing in Highmark→Click on Highmark and then click on magnifying glass→ Click on FUTURE→ Select Spine Surgery Guidelines.



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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