MEDICAL POLICY UPDATE

March 2023

HIGHMARK. NORTHEASTERN NEW YORK

IN THIS ISSUE

Policy

Policy Title	Anticipated Issue Date	30 Day Notification Information
eviCore Spine Surgery Guideline	05/31/2023	It is recommended to accept the updated eviCore Spine Surgery Guideline. There will be an MPU published in the April 2023 newsletter providing 90-day notification. The eviCore Spine Surgery Guideline update will be in effect May 31, 2023.
G-17 Outpatient Pulmonary Rehabilitation	05/01/2023	This policy is scheduled for annual review. Policy to be archived. Policy to publish May 1, 2023.
G-25 Intra-Articular Hyaluronan Injections for Osteoarthritis of the Knee	06/27/2023	Recommend maintaining the current coverage criteria with QLL additions. Recommend maintaining the current POS listed in the policy as outpatient with the default statement. A Medical Policy Update (MPU) newsletter is required; the policy will publish on June 27, 2023.

Policy Title	Anticipated Issue Date	30 Day Notification Information
I-18 Pharmacologic Treatment of Pulmonary Arterial Hypertension	05/01/2023	Recommend maintaining the current POS listed in the policy as inpatient/outpatient with the default statement. A Medical Policy Update (MPU) newsletter is required; the policy will publish on May 1, 2023.
I-29 Pegloticase (Krystexxa™)	05/22/2023	This policy is up for annual review. Recommend updating the coverage criteria to include treatment failure of a combination of a XOI and a uricosuric agent (e.g., probenecid). This update is in line with the recommendations from the American College of Rheumatology. Additional administrative changes were made to the policy. Policy will publish on May 22, 2023.
I-34 Ipilimumab (Yervoy)	05/01/2023	Recommend maintaining the current POS listed in the policy as OUTPATIENT with the default statement. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on May 1, 2023.
I-35 Golimumab (Simponi, Simponi Aria)	05/01/2023	This policy is scheduled for annual review. Policy updates include minor language revisions. There is no change in coverage. Policy will publish May 1, 2023.
I-42-028 Zoledronic Acid (Reclast, Zometa)	05/01/2023	Recommend maintaining the current POS listed in the policy as OUTPATIENT with the default statement. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on May 1, 2023.
I-73 - Docetaxel (Taxotere®)	05/08/2023	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 May 8, 2023.
I-75 - Paclitaxel (Taxol®)	05/15/2023	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 May 15, 2023.
I-87 - Oxaliplatin (Eloxatin®)	05/15/2023	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 including a coding update. Policy will publish on May 15, 2023.
I-91 - Intraperitoneal Chemotherapy	05/22/2023	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on May 22, 2023.
I-107 Injectable Collagenase Clostridium Histolyticum (Xiaflex)	05/01/2023	Recommend maintaining the current POS listed in the policy as outpatient with the default statement. The policy will publish on May 1, 2023.
I-119 Eribulin Mesylate (Halaven)	05/01/2023	

Policy Title	Anticipated Issue Date	30 Day Notification Information
		Recommend maintaining the current POS listed in the policy as outpatient with the default statement. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on May 1, 2023.
I-137 Obinutuzumab (Gazyva)	05/01/2023	Recommend maintaining the current POS listed in the policy as outpatient with the default statement. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on May 1, 2023.
I-175 Octreotide acetate (Sandostatin, Sandostatin LAR) and Lanreotide (Somatuline Depot)	05/01/2023	Recommend maintaining the current POS listed in the policy as Inpatient/Outpatient with the default statement. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on May 1, 2023.
I-194 Vyondys 53 (Golodirsen)	05/01/2023	Recommend maintaining the current coverage criteria. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on May 1, 2023.
I-204 Moxetumomab Pasudotox (Lumoxiti)	05/01/2023	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 May 1, 2023.
I-222 Eptinezumab-jjmr (Vyepti)	05/01/2023	Recommend updating the current coverage criteria to include language for Vyepti for use with other chemically distinct CGRP therapy. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on May 1, 2023.
I-229 Belantamab mafodotin (Blenrep)		Recommend archiving this policy due to voluntary withdrawal from market by the manufacturer in November 2022.
I-240 Loncastuximab Tesirine-lpyl (Zynlonta)	05/01/2023	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 May 1, 2023.
I-246 Tisotumab vendotin-tftv (Tivdak)	05/08/2023	This policy is up for annual review. There are no indications for a change in coverage at this time. Administrative changes were made to the policy. Policy will publish on May 8, 2023.
I-248 Tebentafusp-tebn (Kimmtrak)	05/01/2023	Recommend maintaining POS listed in the policy as outpatient with the default statement. The policy will publish on May 1, 2023.
I-251 Sutimlimab-jome (Enjaymo)	06/26/2023	Recommend maintaining the POS listed in the policy as outpatient with the default statement. A Medical Policy Update (MPU) newsletter will be published; the policy will publish on June 26, 2023.

Policy Title	Anticipated Issue Date	30 Day Notification Information
I 267 - Ublituximab-xiiy (Briumvi)	04/03/2023	This is a new policy for new to market drug Briumvi. Criteria established as above. Policy will publish on April 3, 2023.
S-241 - Fecal Microbiota Transplantation	05/01/2023	This policy is being updated with the addition of new coverage criteria. Medically necessary criteria have been added to include Rebyota for the treatment of Clostridium difficile infection. This policy will publish on May 1, 2023.

Policy

Policy Criteria Revised for Sutimlimab-jome (Enjaymo)

NEWS FOR ALL PROVIDER TYPES

Highmark Blue Shield of Northeastern New York has revised criteria for Sutimlimab-jome (Enjaymo) with addition of the following to existing criteria:

- Individual has diagnosis of primary CAD as defined by **ONE** of the following:
  - Chronic hemolysis (e.g., high reticulocytes, high LDH, high indirect bilirubin, low haptoglobin); **or**
  - Polyspecific direct antiglobulin test (DAT) positive; **or**
  - Monospecific DAT strongly positive for C3d; **or**
  - IgG direct antiglobulin test less than or equal to 1+; **or**
  - Cold agglutinin titer of greater than or equal to 64 at 4 degrees Celsius; **and**
- Individual has presence of at least **ONE** of the following CAD-related signs or symptoms within three (3) months of screening:
  - Symptomatic anemia defined by **ONE** of the following:
    - Fatigue; **or**
    - Weakness; **or**
    - Shortness of breath; **or**
    - Palpitations/ Tachycardia; **or**
    - Light headedness; **or**
    - Chest pain; **or**
  - Acrocyanosis; **or**
  - Raynaud's syndrome; **or**
  - Hemoglobinuria; **or**
  - Disabling circulatory symptoms; **or**
  - Major adverse vascular event (including thrombosis); **and**
- Secondary causes of CAD have been ruled out (e.g., infection, rheumatologic diseases, overt hematologic malignancies, other autoimmune disorders etc); **and**

This revised Medical Policy will apply to professional providers and facility claims. The effective date is May 1, 2023.

Place of Service:

Please refer to Medical Policy I-251 Sutimlimab-jome (Enjaymo), for additional information.

Policy Established for Teplizumab-mzwv (Tzield)

Highmark Blue Shield of Northeastern New York has established new criteria for I-26, Teplizumab-mzwv (Tzield). This new policy includes criteria for the recently FDA approved Type 1 diabetes therapy teplizumab-mzwv (Tzield).

This new Medical Policy will apply to professional providers and facility claims. The effective date is March 6, 2023.

Place of Service: Outpatient

Please refer to Medical Policy (medical policy number), (Policy title), for additional information.

Policy Established for Nadofaragene firadenovec-vncg (Adstiladrin)

Highmark Blue Shield of Northeastern New York has established new guidelines for Nadofaragene firadenovec-vncg (Adstiladrin).

This revised Medical Policy will apply to professional providers and facility claims. The effective date is March 6, 2023.

Place of Service: Outpatient

Please refer to Medical Policy I-264 Nadofaragene firadenovec-vncg (Adstiladrin), for additional information.

Policy Established for Mosunetuzumab-axgb (Lunsumio)

Highmark Blue Shield of Northeastern New York has established new guidelines for Mosunetuzumab-axgb (Lunsumio).

This revised Medical Policy will apply to professional providers and facility claims. The effective date is March 6, 2023.

Place of Service: Outpatient

Please refer to Medical Policy I-265 Mosunetuzumab-axgb (Lunsumio), for additional information.

Policy Established for Ublituximab-xiiy (Briumvi)

Highmark Blue Shield of Northeastern New York has established new guidelines for Ublituximab-xiiy (Briumvi).

This new Medical Policy will apply to professional providers and facility claims. The effective date is April 3, 2023.

Place of Service: Outpatient

Please refer to Medical Policy I-267, Ublituximab-xiiy (Briumvi) for additional information.

Reminder: Musculoskeletal Coverage Guideline Update

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

The Musculoskeletal coverage guideline will be updated and take effect May 31, 2023. This applies to both professional provider and facility claims.

The updates to the Musculoskeletal guideline are as follows:

The significant changes are indicated below and affect:

- Spine Surgery Guidelines
  - CMM-600: Preface to Spine Surgery Guidelines
  - CMM-601: Anterior Cervical Discectomy and Fusion (ACDF)
  - CMM-604: Posterior Cervical Decompression (Laminectomy/Hemilaminectomy/Laminoplasty) with or without Fusion
- Pain Management Guidelines
  - CMM 200: Epidural Steroid Injections (ESI)
  - CMM 201: Facet Joint Injections/ Medial Branch Blocks
  - CMM-208: Ablations/Denervations of Facet Joints and Peripheral Nerves
  - CMM-209: Regional Sympathetic Blocks
  - CMM-211: Spinal Cord Stimulators (SCS)
  - CMM-402: Greater Occipital Nerve Block
- Joint Surgery Guidelines

- CMM-311: Knee Replacement – Arthroplasty
- CMM-313: Hip Replacement/Arthroplasty

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

Spine Surgery Guideline:

Section Name / Policy Name	Section Number	Summary of change
CMM-600: Preface to Spine Surgery Guidelines		Defined Direct Lumbar Decompression and Indirect Lumbar Decompression Defined surgical approaches: Direct Visualization; Endoscopic Spinal Procedures; Indirect Visualization; Open Spinal Procedures; Percutaneous Spinal Procedures
CMM-601: Anterior Cervical Discectomy and Fusion (ACDF)	CMM 601.3	Repeat ACDF at the Same Level: Incorporated bullet *"Painful pseudarthrosis documented by confirmatory imaging that is unresponsive to 6 months of non-surgical treatment"* with associated conditions of unremitting neck pain, radiculopathy, and myelopathy as there would not be a reason for a repeat fusion unless pseudoarthrosis was present (or a failure of hardware which is addressed separately). • The *"unresponsive to 6 months of non-surgical treatment*" portion of the above incorporated bullet was not applied to the associated conditions due to the individual would have already been waiting 6 months for postoperative imaging to confirm pseudoarthrosis. Therefore, the 6 months of non-surgical treatment was not incorporated and the original 6 weeks of treatment required remains for unremitting neck pain and for radiculopathy.
CMM-601: Anterior Cervical Discectomy and Fusion (ACDF)	CMM 601.5	ACDF Following Failed Cervical Disc Arthroplasty Surgery: Added conservative treatment type required for unremitting neck pain to also include "Provider-directed exercise program prescribed by a physical therapist, chiropractic provider, osteopathic or allopathic physician". This aligns with treatment types in other sections and for other conditions (e.g. CMM-601.3 Repeat ACDF for

		Unremitting Neck Pain, and for Radiculopathy in both CMM-601.3 and CMM-601.5
CMM-604: Posterior Cervical Decompression (Laminectomy/Hemilaminectomy/Laminoplasty) with or without Fusion	CMM 604.1	General Guidelines - Urgent/Emergent Indications/Conditions: Clarified the x-ray criteria options for demonstration of instability. General Guidelines - Urgent/Emergent Indications/Conditions: Removed two conditions that did not apply because presence of the imaging finding alone is not an urgent indication for surgery: "Congenital cervical stenosis (AP canal diameter ≤ 10 mm)"; and, "Ossification of the posterior longitudinal ligament at three (3) or more levels"
CMM-604: Posterior Cervical Decompression (Laminectomy/Hemilaminectomy/Laminoplasty) with or without Fusion	CMM 604.3 and 604.6	Added bullet requiring documentation of nicotine-free status in the following sub-sections and associated conditions: • 604.3: Initial Primary Posterior Cervical Decompression with Initial Posterior Cervical Fusion: Concurrent Stabilization Procedure; Clinical Conditions with an Increased Incidence of Congenital and/or Acquired Cervical Spinal Instability; Other Symptomatic Instability or Spinal Cord/Root Compression Requiring Posterior Fusion • 604.6: Posterior Cervical Fusion: Symptomatic Pseudoarthrosis from a Prior Anterior or Posterior Fusion (Unremitting Neck Pain and Radiculopathy sections);
CMM-604: Posterior Cervical Decompression (Laminectomy/Hemilaminectomy/Laminoplasty) with or without Fusion	CMM 604.4 and 604.5	Did not include bullet "Initial relief of symptoms following previous posterior cervical decompression procedure at same level" to allow for instances where there was an issue with the initial procedure that prevented an initial relief of symptoms.

CMM-604: Posterior Cervical Decompression (Laminectomy/Hemilaminectomy/Laminoplasty) with or without Fusion	CMM 604.5	Repurposed 4 criteria from Initial Posterior Decompression with Initial Posterior Cervical Fusion (Other Symptomatic Instability section). This will now allow an option for the procedure when the individual does not meet the original X-ray finding criteria (that aligned with urgent instability findings).
CMM-604: Posterior Cervical Decompression (Laminectomy/Hemilaminectomy/Laminoplasty) with or without Fusion	CMM 604.6	Clinical Conditions with an Increased Incidence of Congenital and/or Acquired Cervical Spinal Instability: • For consistency, repurposed 4 criteria from 604.3: Initial Posterior Decompression with Initial Posterior Cervical Fusion (Other Symptomatic Instability section) • Did not include condition "Klippel-Feil syndrome" as this is not an applicable condition for which a posterior cervical fusion without decompression would be performed solely based on the condition. Symptomatic Pseudoarthrosis from a Prior Anterior or Posterior Fusion: For consistency in cervical fusion spine surgery guidelines, added 3 sub-categories: Unremitting Neck Pain with Pseudoarthrosis; Radiculopathy with Pseudoarthrosis; and, Myelopathy with Pseudoarthrosis. These sub-categories had criteria repurposed from CMM-601.3: Repeat ACDF.

Pain Management

Section Name / Policy Name	Section Number	Summary of change
CMM 200: Epidural Steroid Injections (ESI)		General Guidelines: Clarified that the “12 months” timeframe for the limitations for injections is a “rolling” 12 months Added criteria that advanced diagnostic imaging within 24 months is required for cervical/thoracic interlaminar and transforaminal epidural steroid injections

CMM 201: Facet Joint Injections/ Medial Branch Blocks		Clarified that more than 2 diagnostic blocks at the same level are considered therapeutic.
CMM-208: Ablations/Denervations of Facet Joints and Peripheral Nerves		Non-Indications- Not Medically Necessary: Added a non-indication for when clinical findings and imaging studies suggest other obvious cause of pain.
CMM-209: Regional Sympathetic Blocks		Removed requirement for at least 6 consecutive months of conservative medical management due to the following: • Regional sympathetic blocks may be used to facilitate the involvement in rehabilitation and functional restoration. Thus, a prerequisite of 6 months of conservative care prior to diagnostic or therapeutic intervention is not possible as many patients require the intervention in order to tolerate rehabilitation and functional restoration programs.
CMM-211: Spinal Cord Stimulators (SCS)		Non-Indications - Experimental, Investigational, or Unproven (EIU): Added Dual-mode dorsal column stimulator (DCS) using closed loop as EIU
CMM-402: Greater Occipital Nerve Block		General Guidelines: Clarified that only anesthetic and/or steroid are the allowed injectates based on definition term and CPT code description

Section Name / Policy Name	Section Number	Summary of change
CMM-311: Knee Replacement - Arthroplasty		Partial Knee Replacement Indications: Clarified that the imaging finding of AVN of the femoral condyles and/or proximal tibia is unicompartmental. Also, changed "intact, stable ligaments, in particular the anterior cruciate ligament" to "Knee stability confirmed by physical examination“ Revision of Knee Replacement-Isolated Polyethylene Liner Exchange (IPE) Indications: For clarity, re-worded the instability criteria bullet because mid-flexion instability is not the only type of instability amenable to polyethylene liner exchange. • Previously read: "Individual with mid-flexion instability without component malrotation or malalignment"; Now reads: "Instability without component malrotation or malalignment".
CMM-313: Hip Replacement/Arthroplasty		Partial Hip Replacement Indications and Total Hip Replacement Indications: For clarity, re-worded bullet: "An impacted fracture, partially displaced fracture, completely displaced or comminuted fracture of the femoral neck or femoral head is present and conservative management or surgical fixation is not considered a reasonable option...". • The types of fractures were removed and the bullet now reads: "A femoral head or femoral neck fracture is present and conservative management or surgical fixation is not considered a reasonable option.“ • Also removed the bullet "A non-displaced intracapsular fracture is present and surgical fixation is not considered a reasonable option". Based on the above change, this bullet is not needed as the above change would be inclusive of this scenario.

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 Musculoskeletal 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 guideline→*Search Health Plan* by typing in Highmark→Click on Highmark and then click on magnifying glass→Click on FUTURE→ Click on the chosen Musculoskeletal Guideline

Medicare Advantage

Policy Established for Nadofaragene firadenovec-vncg (Adstiladrin)

Highmark's Medicare Advantage product(s) has established new guidelines for Nadofaragene firadenovec-vncg (Adstiladrin).

This revised Medical Policy will apply to professional providers and facility claims. The effective date is March 6, 2023.

Please refer to Medical Policy I-274, Nadofaragene firadenovec-vncg (Adstiladrin), for additional information.

Policy Established for Mosunetuzumab-axgb (Lunsumio)

Highmark's Medicare Advantage products have established new guidelines for Mosunetuzumab-axgb (Lunsumio).

This revised Medical Policy will apply to professional providers and facility claims. The effective date is March 6, 2023.

Please refer to Medical Policy I-275, Mosunetuzumab-axgb (Lunsumio), for additional information.

Policy Established for Ublituximab-xiiy (Briumvi)

Highmark's Medicare Advantage products have established new guidelines for Ublituximab-xiiy (Briumvi).

This new Medical Policy will apply to professional providers and facility claims. The effective date is April 3, 2023.

Place of Service: Outpatient

Please refer to Medicare Advantage Medical Policy I-276, Ublituximab-xiiy (Briumvi) 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 at hnenybs.highmarkprc.com.

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