

# MEDICAL POLICY UPDATE

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## Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
A-0182 CG Septoplasty	03/25/2024	This is a new customized MCG guideline. It will replace the current version of MCG's A-0182. Policy will publish on March 25, 2024.
E-88 - Remote Neuromodulation Device	01/29/2024	This is a new policy establishing criteria for Nerivio. The policy will publish on January 29, 2024.
G-26 - Electroconvulsive Therapy	02/12/2024	This policy is scheduled for annual review. Administrative changes made. This policy will publish on February 12, 2024.
I-20 - Immune Prophylaxis for Respiratory Syncytial Vir	02/05/2024	This policy is scheduled for annual review. Policy updates include minor language revisions. There is no indication for change in coverage. Policy will publish February 5, 2024.
I-25 - Desensitization Treatment for Heart and Renal Tr	02/19/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish February 19, 2024.
I-74 - Pemetrexed (Alimta®)	02/19/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish February 19, 2024.
I-90 - Abatacept (Orencia®) IV and SC	01/15/2024	This policy was revised to include the recent FDA approved expanded indication for

		Psoriatic Arthritis for individuals 2 years of age or older. Policy will publish on January 15, 2024.
I-145 - Testosterone Androgens	02/12/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish February 12, 2024.
I-186 - Ibalizumab-uiyk (Trogarzo®)	02/05/2024	This policy is recommended for archival. Policy will publish February 5, 2024.
I-199 - Interleukin-23 Antagonists (Ilumya SC and Skyrizi IV)	02/12/2024	This policy is scheduled for annual review. Policy updates include language revisions. There is no indication for change in coverage. Policy will publish February 12, 2024.
L-191 - Intracellular Micronutrient Testing	02/05/2024	This policy is scheduled for annual review. Administrative changes made. This policy will publish on February 5, 2024
L-267 - NavDX	01/29/2024	This is a new policy establishing criteria for NavDX. This policy will publish on January 29, 2024.
M-52 External Counterpulsation	01/29/2024	This is an annual review. There are no changes recommended. This policy will publish on January 29, 2024.
O-5 Powered Exoskeletal Robotic Systems	01/29/2024	This is an annual review. This policy will publish on January 29, 2024.
O-31 - Myoelectric Prosthetic Components for the Upper	01/29/2024	This policy is scheduled for annual review. Only administrative changes were made. The policy will publish on January 29, 2024.
S-123 - Lung and Lobar Lung Transplantation	01/15/2024	This policy is scheduled for an annual review. HIV inclusion language has been added to the contraindications in accordance with UNOS guidelines. Additional diagnosis codes added. The policy will publish on January 15, 2024.
S-127 - Solitary Pancreas Transplantation	02/05/2024	This Policy is for annual review. Addition of HIV inclusion/exclusion criteria as per OPTN recommendations. There are no changes to the operational guidelines. The policy is scheduled to publish February 5, 2024.
S-141 - Radiofrequency Ablation (RFA) and Cryosurgery o	02/05/2024	This is an annual review. Professional guideline and minor administrative edits made for readability. The policy will publish on February 5, 2024.
S-184 Gender Affirmation Surgery	02/05/2024	This policy is scheduled for annual review. Criteria will be updated to align with recommendations from WPATH and the Endocrine Society. Medical necessity criteria

		for cosmetic procedures are being added and criteria for non-surgical treatments is being added. Coding will also be updated. The policy will publish on February 5, 2024.
S-201 Balloon Ostial Dilation of the Sinus and Implantable Sinus Stents	02/05/2024	This policy is scheduled for annual review. Administrative changes made. This policy will publish on February 5, 2024.
S-275 - Prostate Disease: Diagnosis, Staging, and Treatment	01/29/2024	This policy is scheduled for annual review. Minor administrative changes made. The policy will publish on January 29, 2024.
V-37 Autism Spectrum Disorders	02/05/2024	This policy is scheduled for annual review. Clinical criteria updates and administrative changes have been made. The policy will publish February 5, 2024.
Z-7 - Electrical Nerve Stimulation	01/29/2024	This policy is having the section on remote neuromodulation moved to its own policy, E-88. This policy will publish on January 29, 2024.



## Policy

### Revised Criteria for Septoplasty



Highmark Blue Cross Blue Shield has revised criteria for MCG A-0182 Septoplasty. A 12-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 March 25<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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