

MEDICAL POLICY UPDATE

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Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
E-31 - Negative Pressure Wound Therapy Pumps/Vacuum Assisted Closure of Chronic Wounds	09/02/2024	This is an annual review. The policy position was reorganized. Coding was updated. Age restriction was removed.
E-47 - Non-Powered Negative Pressure Wound Therapy System	09/02/2024	This is an annual review. The policy position was reorganized. Coding was updated. Age restriction was removed.
E-68 - High Frequency Chest Wall Oscillation Devices	09/02/2024	This policy is scheduled for annual review. Administrative changes have been made with no criteria updates. The policy will publish on September 02, 2024.
		This policy is up for annual review. There are no indications for a change in coverage at this time. Additional minor administrative changes were made to the policy. Policy will publish on September
I-4 - Hemophilia Treatment	09/23/2024	23, 2024.
I-76 - Ziconotide (Prialt®)	09/16/2024	This policy is scheduled for annual review. There is no indication for

		change in coverage. Policy will
		publish September 16, 2024.
		This policy is scheduled for annual
		review. There is no indication for
		change in coverage. Policy will
I-78 - Intravitreal Implants	09/16/2024	publish September 16, 2024.
		This policy is scheduled for annual
		review. There is no indication for
		change in coverage. Policy will
I-86 - Bevacizumab (Avastin®)	09/09/2024	publish on September 9, 2024
		This policy is scheduled for annual
		review. There is no indication for
LO4 Introvitro al Injectione	00/00/2024	change in coverage. Policy will
I-94 - Intravitreal Injections	09/09/2024	publish September 9, 2024. This policy is being revised to
		include the new FDA approved
		expanded indication for Keytruda
		and Imfinzi. Keytruda and Imfinzi
		are now indicated as a single agent
		in combination with carboplatin and
I-120 - Programmed Death Receptor (PD-1)/		paclitaxel for the treatment of
Programmed Death-Ligand (PD-L1) Blocking		individuals with primary advanced
Antibodies	07/29/2024	or recurrent endometrial carcinoma.
		This policy is up for annual review.
		There are no indications for a
		change in coverage at this time.
		Policy will publish on September
I-149 - Chelation Therapy for Off-Label Uses	09/23/2024	23, 2024.
		This policy was updated to add
		Cosentyx and Adzynma to the Site
		of Care program. Policy will publish
LAFA Cita of Core	11/01/2021	on November 1, 2024 with the
I-151 - Site of Care	11/01/2024	standard 90 day notification. This policy is scheduled for annual
		review. There is no indication for
		change in coverage. Policy will
I-181 - Pralatrexate (Folotyn)	09/23/2024	publish September 23, 2024.
1-101-1 Talaticxate (1 dioty11)	03/23/2024	This policy is being revised to
		capture the new FDA expanded
		indication for Skyrizi for the
		treatment of adult individuals with
		moderate to severe ulcerative
		colitis (UC). Additional
		administrative changes are also
I-199 - Interleukin-23 Antagonists (Ilumya SC		being made to the policy. Policy will
and Skyrizi IV)	07/29/2024	publish on July 29, 2024.
		This policy is scheduled for annual
		review. There is no indication for
		change in coverage. Policy update
		includes minor language revisions.
1007 Townseft (5)	00/00/0004	Policy will publish September 23,
I-207 - Tagraxofusp-erzs (Elzonris)	09/23/2024	2024.
LOOO Emanalumah Isas (Cassifast)	00/00/0004	This policy is up for annual review.
I-209 - Emapalumab-Izsg (Gamifant)	09/23/2024	There are no indications for a

		change in coverage at this time.
		Minor administrative changes were
		made to the policy. Policy will
		publish on September 23, 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. Coding was
		updated to NCCN
		recommendations. This policy will
I-214 - Luspatercept (Reblozyl)	09/23/2024	publish on September 23, 2024.
1-214 - Euspatercept (Neblozyi)	03/23/2024	This policy is up for annual review.
		There are no indications for a
		change in coverage at this time.
		Policy will publish on September
I-218 - Crizanlizumab (Adakveo)	09/16/2024	16, 2024.
1-2 To - Crizarilizumab (Adakved)	09/10/2024	·
		This policy is up for annual review. The policy was revised to remove
		•
		the upper age limit and allow for
		additional TDT genotypes on a
		case by case basis. Denial
		statement was also updated to not
1 252 Detiberale generalistament (7 mts gla)	00/00/2024	medically necessary. The policy will
I-253 - Betibeglogene autotemcel (Zynteglo)	09/09/2024	publish on September 9, 2024.
		This policy is up for annual review.
		There are no indications for a
		change in coverage at this time.
LOFA Crassinsh (Crassins)	00/40/0004	Policy will publish on September
I-254 - Spesolimab (Spevigo)	09/16/2024	16, 2024.
		This policy is up for annual review.
		There are no indications for a
LOEO. Entrangagana dazanamiaya		change in coverage at this time.
I-259 - Entranacogene dezaparvovec	00/00/0004	Policy will publish on September 9,
(EntranaDez)	09/09/2024	2024.
		This policy is scheduled for annual
		review. Policy revision includes
1 270 Francistament by an (Fridinky)	00/00/0004	coding update. Policy will publish
I-270 - Epcoritamab-bysp (Epkinly)	09/09/2024	September 9, 2024.
		This policy is up for annual review.
		There are no indications for a
1 271 Valentagement revenue		change in coverage at this time.
I-271 - Valoctocogene roxaparvovec	00/00/0004	Policy will publish on September 9,
(Roctavian)	09/09/2024	2024.
		Policy is being updated with
LOZO ADAMTOAO maranahin dalah		addition of Adzyma to Site of Care
I-273- ADAMTS13, recombinant-krhn	44/04/0004	Program. Policy will publish
(Adzynma)	11/01/2024	November 1, 2024
		This policy is up for annual review.
		The policy was updated to include
		which specialist physician
		(dermatologist, rheumatologist)
1 200 Caruldana - 1 (2 1)	44 /04 /0004	should be prescribing the
I-280 - Secukinumab (Cosentyx)	11/01/2024	medication based on indication, in

		order to align with pharmacy policy criteria. Place of service was also updated to outpatient-infusion. Policy will publish on November 1, 2024.
I-281 - Exagamglogene autotemcel	09/02/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 2, 2024.
I-282 - Lovotibeglogene autotemcel (Lyfgenia)	09/02/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 2, 2024.
I-288 - Imetelstat (Rytelo)	07/29/2024	This is a new policy for the recently FDA approved imetelstat (Ryelto) for the treatment of adults with low-to intermediate-1 risk myelodysplastic syndromes (MDS) with transfusion-dependent anemia requiring four or more red blood cell units over 8 weeks who have not responded to or have lost response to or are ineligible for erythropoiesis-stimulating agents. Policy will publish on July 29, 2024.
		This is a new policy establishing criteria for new to market therapy (Tarlatamab-dlle) Imdelltra, a Tcell engager therapy indicated for adult individuals with extensive small cell lung cancer. Policy will publish July
I-290 - (Tarlatamab-dlle) Imdelltra	07/29/2024	29, 2024.
I-291 - Lovotibeglogene autotemcel (Lyfgenia)	09/02/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 2, 2024.
MA I-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	07/29/2024	This policy was revised to include dx code C43.111 in the diagnosis code table for procedure code J9299. This code was inadvertently omitted from the table. Policy will publish on July 29, 2024.
MA I-199 - Interleukin-23 Antagonists (Ilumya SC and Skyrizi IV)	07/29/2024	This policy is being revised to capture the diagnosis codes for the new FDA expanded indication for Skyrizi for the treatment of adult individuals with moderate to severe ulcerative colitis (UC). Policy will publish on July 29, 2024.
MA I-207 - Tagraxofusp-erzs (Elzonris)	09/23/2024	This policy is scheduled for annual review. There is no indication for

		change in coverage. Policy update includes minor language revisions. Policy will publish September 23, 2024.
MA I-209 - Emapalumab-lzsg (Gamifant)	09/23/2024	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. Policy will publish on September 23, 2024.
MA I-221 - Crizanlizumab (Adakveo)	09/16/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 16, 2024.
MA I-223 - Luspatercept (Reblozyl)	09/23/2024	This policy is up for annual review. Coding was updated to NCCN recommendations. This policy will publish on September 23, 2024.
MA I-264- Spesolimab (Spevigo)	09/16/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 16, 2024.
MA I-269 - Entranacogene dezaparvovec (EntranaDez)	09/09/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 9, 2024.
MA I-279 - Epcoritamab-bysp (Epkinly)	09/09/2024	This policy is scheduled for annual review. Policy update includes language and coding revisions. Policy will publish September 9, 2024.
MA I-280 - Valoctocogene roxaparvovec (Roctavian)	09/09/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 9, 2024.
MA I-289 - Secukinumab (Cosentyx)	11/01/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on November 1, 2024.
MA I-290 - Exagamglogene autotemcel	09/02/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on September 2, 2024.
MA I-298 - Imetelstat (Rytelo)	07/29/2024	This is a new policy for the recently FDA approved imetelstat (Ryelto) for the treatment of adults with low-to intermediate-1 risk myelodysplastic syndromes (MDS)

		with transfusion-dependent anemia
		requiring four or more red blood cell
		units over 8 weeks who have not
		_
		responded to or have lost response
		to or are ineligible for
		erythropoiesis-stimulating agents.
		Policy will publish on July 29, 2024
		This is a new policy for
		Betibeglogene autotemcel
		(Zynteglo). Standardized Medicare
		coverage criteria was established
MA I-299 - Betibeglogene autotemcel		for this policy. Policy will publish on
(Zynteglo)	09/09/2024	September 9, 2024.
		This is a new policy establishing
		criteria for new to market therapy
		(Tarlatamab-dlle) Imdelltra, a Tcell
		engager therapy indicated for adult
		individuals with extensive small cell
		lung cancer. Policy will publish July
MA I-300 - (Tarlatamab-dlle) Imdelltra	07/29/2024	29, 2024.
The state of the s		This policy is scheduled for annual
		review. There is no indication for
		change in coverage. Policy will
MA I-75 - Bevacizumab (Avastin)	09/09/2024	publish on September 9, 2024
With to Bevacization (twastin)	00/00/2024	This policy is scheduled for annual
		review. Administrative changes
		were made. Further changes
		include an update to criteria for
		•
		non-ambulatory orthoses and an
		addition to list microprocessor
		controlled KAF/KAFO as
		experimental and investigational.
	00/00/0004	This policy will publish on
O-24 - Ankle-Foot/Knee-Ankle-Foot Orthosis	09/02/2024	September 02, 2024.
		The policy is being revised to
		include surgical codes that require
		additional documentation to
		determine if the service is eligible
		for team surgery reimbursement.
		This follows the Medicare Physician
S-12 - Team Surgery	07/22/2024	Fee Schedule.
		This is an annual review. The policy
		position was reorganized, and
		language was updated. Coding was
S-131 - Sacral Nerve Modulation/Stimulation	09/02/2024	updated.
		This is an annual review. There are
		no recommended revisions. This
S-186 - Magnetic Resonance Imaging (MRI)-		policy will publish on September 2,
Guided Focused	09/02/2024	2024.
	-	This policy is scheduled for annual
		review. Criteria requiring the
		performing provider and facility to
S-203 - Transcatheter Pulmonary Valve		meet the recommendations for
Implantation	09/02/2024	performing TPV implantation
mplantation	00/02/2024	portorning it v implantation

		outlined in CCAI/AATC/ACC/CTC
		outlined in SCAI/AATS/ACC/STS
		Operator and Institutional
		Requirements for Transcatheter
		Valve Repair and Replacement has
		been added. Administrative
		changes have been made.
		This is an annual review with no
S-204 - Endoscopic Radiofrequency		recommended changes. The policy
Ablation/Cryotherapy	09/02/2024	will publish on September 2, 2024.
r instantonii enjeunerapy		This policy was revised to clarify
		that an individual must not have a
		suitable matched related donor,
		•
		matched unrelated donor (MUD),
		mismatched unrelated donor
		(MMUD), or haploidentical donor
		readily available. Additional minor
		administrative changes were made
S-226 - Placental/Umbilical Cord Blood as a		to the policy. Policy will publish on
Source of Stem Cells	09/09/2024	September 9, 2024.
		This is an annual review. There are
		no recommended changes. This
		policy will publish on September 2,
S-262 - Eustachian Tube Balloon Dilatation	09/02/2024	2024.
		This policy is scheduled for annual
		review. The place of service has
		been changed from
		Inpatient/Outpatient to Inpatient
		only. The policy will publish on
S-268 - Endobronchial Valve Surgery	09/02/2024	September 2, 2024.
0-200 - Endobronamar varve odrgery	03/02/2024	This policy is scheduled for annual
		review. There are no changes to
0.070 5 1	00/00/0004	criteria. The policy will publish on
S-270 - Endoscopic Stricturotomy	09/02/2024	September 2, 2024.
		This policy is scheduled for annual
		review. This policy is being
U-7 - Fetal Surgery for Prenatally Diagnosed		archived. The policy will publish on
Malformations	09/02/2024	September 2, 2024.
		This policy is scheduled for annual
U-8 - Treatment of Twin-Twin Transfusion		review. This policy is being
Syndrome with Amnioreduction and/or		archived. The policy will publish on
Fetoscopic Laser Therapy	09/02/2024	September 2, 2024.
	-	This is an annual review. No
		recommended changes to
		coverage criteria. Operational
		guidelines will be revised to add
		prepay logic to both covered and
V 44 Modical Nutrition Management		1
V-44 - Medical Nutrition Management	00/00/0004	non-covered dx codes. This policy
Services (MNT)	09/09/2024	will publish on September 9, 2024.
		This policy is scheduled for annual
		review. There are no changes to
		policy criteria. The policy will
Y-23 - Chronic Pain Management	09/02/2024	publish on September 2, 2024.

Injectable Drugs Added to Site of Care



Highmark Blue Shield has established new criteria for I-151, Site of Care. Cosentyx and Adzynma are being added to the Site of Care program.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is November 1, 2024.

Place of Service: Outpatient-Infusion

Please refer to Medical Policy I-151, Site of Care, for additional information.

ADAMTS13, recombinant-krhn (Adzynma) Added to Site of Care



Highmark Blue Shield has revised criteria for I-273 ADAMTS13, recombinant-krhn (Adzynma). The policy was updated with the addition of Adzynma to the Site of Care Program.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is November 1, 2024.

Place of Service: Outpatient- Infusion

Please refer to Medical Policy I-273 ADAMTS13, recombinant-krhn (Adzynma), and Medical Policy I-151, Site of Care, for additional information.

Secukinumab (Cosentyx) Added to Site of Care



Highmark Blue Shield has revised criteria for I-280 Secukinumab (Cosentyx). The policy was updated to include which specialist physician (dermatologist, rheumatologist) should be prescribing the medication based on indication. The following indications now require a specialist physician to prescribe:

- Ankylosing Spondylitis
- Psoriatic Arthritis
- Non-radiographic Axial Spondyloarthritis

Secukinumab (Cosentyx) is also being added to the Site of Care program.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is November 1, 2024.

Place of Service: Outpatient- Infusion

Please refer to Medical Policy I-280, Secukinumab (Cosentyx), for additional information.

Coverage Criteria Established for Nogapendekin alfa inbakicept-pmln (Anktiva)



Highmark Blue Shield has established new criteria for I-287, Nogapendekin alfa inbakicept-pmln (Anktiva). This is a new policy creating criteria for Anktiva, an intravesical therapy indicated with Bacillus Calmette-Guérin (BCG) for the treatment of adult patients with BCGunresponsive nonmuscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is July 8, 2024.

Place of Service: Outpatient

Please refer to Medical Policy for I-287, Nogapendekin alfa inbakicept-pmln (Anktiva), for additional information.

Criteria Established for Imetelstat (Ryelto)



Highmark Blue Shield has established new criteria for Imetelstat (Ryelto) for the treatment of myelodysplastic syndrome (MDS) with transfusion dependent anemia. The following criteria will be established:

- Individual is 18 years of age or older; and
- Individual has a documented diagnosis of low- to intermediate- risk MDS as defined by **ONE** of the following:
 - Revised International Prognostic Scoring System (IPSS-R); Very low, low, intermediate (defined as a score of 0 to 4.5); or
 - IPSS: Low/Intermediate-1 (Score 0 to 1); or
 - WHO-Based Prognostic Scoring System (WPSS): very low, low, intermediate (Score 0 to 2); and
- Prescribed by or in consultation with a hematologist, oncologist, or other specialist with expertise in the diagnosis and management of myelodysplastic syndromes; and
- Prescriber has ruled out and/or addressed other causes of anemia [e.g., abnormal bleeding (gastrointestinal, uterine, etc.), hemolysis, nutritional deficiency, renal disease]; and
- Individual has required four (4) or more red blood cell units over an eight (8) week period; and
- Individual has had no response to or is ineligible for an erythropoiesis-stimulating agents (ESA)

This new Medical Policy will apply to professional providers and facility claims. The effective date is July 29, 2024.

Place of Service: Outpatient

Please refer to Medical Policy I-288, Imetelstat (Rytelo), for additional information.

Updated criteria for Nerve Conduction Studies and Electromyography



Highmark Blue Shield has established new criteria for M-28, Nerve Conduction Studies and Electromyography. The following criteria has been added to the policy:

Testing for the purpose of monitoring disease intensity or treatment efficacy in polyneuropathy of diabetes or end stage renal disease (ESRD) is not covered.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is October 28, 2024.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy M-28, Nerve Conduction Studies and Electomyography, 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



Highmark Blue Shield (NY) Highmark Blue Shield (PA)



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.

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