

PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

Medical and Drug Policies Update Notice for Nov. 1, Effect Date

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REVISED MEDICAID DRUG POLICIES

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Avastin (bevacizumab)

CLINICAL MEDICAL POLICY	
Policy Name:	Avastin (bevacizumab)
Policy Number:	MP-030-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/12/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical surgical benefits of the Company’s Medicaid products for cervical cancer, colorectal cancer, glioblastoma, non-squamous non-small cell lung cancer, ovarian cancer, and renal cancer when medically necessary.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

DISCLAIMER

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Erbitux (cetuximab)

CLINICAL MEDICAL POLICY	
Policy Name:	Erbitux (cetuximab)
Policy Number:	MP-034-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/12/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical benefits of the Company’s Medicaid products for medically necessary intravenous infusions of Erbitux (cetuximab).

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Faslodex (fulvestrant)

CLINICAL MEDICAL POLICY	
Policy Name:	Faslodex (fulvestrant)
Policy Number:	MP-044-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/12/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical benefits of the Company’s Medicaid products for medically necessary intravenous infusion of Faslodex (fulvestrant).

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Kyprolis (carfilzomib)

CLINICAL MEDICAL POLICY	
Policy Name:	Kyprolis (carfilzomib)
Policy Number:	MP-043-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/12/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical surgical and specialty pharmacy benefits of the Company’s Medicaid products for medically necessary intravenous infusions of Kyprolis (carfilzomib).

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Ocrevus (Ocrelizumab)

CLINICAL MEDICAL POLICY	
Policy Name:	Ocrevus (Ocrelizumab)
Policy Number:	MP-056-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/12/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical benefits of the Company’s Medicaid products for medically necessary Ocrevus (ocrelizumab) intravenous administration for the treatment of relapsing-remitting or primary progressive multiple sclerosis (MS).

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Perjeta (pertuzumab)

CLINICAL MEDICAL POLICY	
Policy Name:	Perjeta (pertuzumab)
Policy Number:	MP-045-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/12/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical surgical and specialty pharmacy benefits of the Company’s Medicaid and Medicare products for medically necessary intravenous infusions of Perjeta (pertuzumab).

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Rituxan (rituximab)

CLINICAL MEDICAL POLICY	
Policy Name:	Rituxan (rituximab)
Policy Number:	MP-031-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/12/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical benefits of the Company’s Medicaid products for medically necessary intravenous infusions of Rituxan (rituximab).

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Xolair (omalizumab)

CLINICAL MEDICAL POLICY	
Policy Name:	Xolair (omalizumab)
Policy Number:	MP-051-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/12/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical surgical benefits of the Company’s Medicaid products for medically necessary Xolair (omalizumab) subcutaneous injections.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Tysabri (natalizumab)

CLINICAL MEDICAL POLICY	
Policy Name:	Tysabri (natalizumab)
Policy Number:	MP-042-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/12/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage for intravenous immunoglobulin (IVIG) and subcutaneous immune globulin (SCIG) under the medical benefits of the Company's Medicaid products for medically necessary Tysabri (natalizumab) intravenous administration.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Cardiac Rehabilitation, Phase II Outpatient

CLINICAL MEDICAL POLICY	
Policy Name:	Cardiac Rehabilitation, Phase II Outpatient
Policy Number:	MP-057-MD-DE
Responsible Department(s):	Medical Management
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/01/2018
Revision Date:	08/09/2017
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical benefits of the Company’s Medicaid products for medically necessary outpatient and medically supervised Phase II cardiac rehabilitation programs. Phase III and phase IV cardiac rehabilitation programs are considered maintenance programs and not medically necessary.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Colorectal Cancer Screening

CLINICAL MEDICAL POLICY	
Policy Name:	Colorectal Cancer Screening
Policy Number:	MP-059-MD-DE
Responsible Department(s):	Medical Management
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/12/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical surgical benefits of the Company’s Medicaid products for medically necessary colorectal cancer screening procedures.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Age-Related Macular Degeneration Treatments

CLINICAL MEDICAL POLICY	
Policy Name:	Age-Related Macular Degeneration Treatments
Policy Number:	MP-060-MD-DE
Responsible Department(s):	Medical Management
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/01/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical surgical benefits of the Company’s Medicaid products of wet age-related macular degeneration and advanced, end-stage age-related macular degeneration.

* The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Molecular Tumor Markers for Non-Small Cell Lung Cancer (NSCLC)

CLINICAL MEDICAL POLICY	
Policy Name:	Molecular Tumor Markers for Non-Small Cell Lung Cancer (NSCLC)
Policy Number:	MP-061-MD-DE
Responsible Department(s):	Medical Management
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/01/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical surgical benefits of the Company’s Medicaid products for medically necessary molecular tumor markers for non-small cell lung cancer.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Pulmonary Rehabilitation (PR)

CLINICAL MEDICAL POLICY	
Policy Name:	Pulmonary Rehabilitation (PR)
Policy Number:	MP-058-MD-DE
Responsible Department(s):	Medical Management
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/06/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options does not provide coverage under the medical surgical benefits of the Company’s Medicaid products for medically necessary pulmonary rehabilitation.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Long-Term Use Continuous Glucose Monitoring of Interstitial Fluid

CLINICAL MEDICAL POLICY	
Policy Name:	Long-Term Use Continuous Glucose Monitoring of Interstitial Fluid
Policy Number:	MP-040-MD-DE
Responsible Department(s):	Medical Management
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/01/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the durable medical equipment (DME) benefits of the Company’s Medicaid products for medically necessary long-term use of continuous glucose monitors. This policy has been updated to include the procedure code for an artificial pancreas device system (S1034).

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Fetal Aneuploidy Testing Using Noninvasive Cell-Free Fetal DNA

CLINICAL MEDICAL POLICY	
Policy Name:	Fetal Aneuploidy Testing Using Noninvasive Cell-Free Fetal DNA
Policy Number:	MP-003-MD-DE
Responsible Department(s):	Medical Management
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/01/2018
Revision Date:	03/15/2017
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage for laboratory benefit under the medical benefits of the Company’s Medicaid products for medically necessary, noninvasive, circulating cell-free DNA prenatal testing of fetal aneuploidy as screening tools for trisomy 21 (Down syndrome), trisomy 18 (Edwards syndrome) or trisomy 13 (Patau syndrome). Circulating cell-free fetal DNA crosses the placenta and can be isolated in maternal plasma. The medical necessity criteria, Summary of Literature and Reference sections of this policy has been updated.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

DISCLAIMER

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Genetic Testing for Colorectal Cancer Susceptibility

CLINICAL MEDICAL POLICY	
Policy Name:	Genetic Testing for Colorectal Cancer Susceptibility
Policy Number:	MP-018-MD-DE
Responsible Department(s):	Medical Management
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/01/2018
Revision Date:	08/09/2017, 03/14/2017
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Option provides coverage under the laboratory medical-surgical benefits of the Company’s Medicaid products for medically necessary genetic testing for colorectal cancer susceptibility. This policy has been revised. Fecal DNA testing has been removed from the policy. Please reference new medical policy MP-059-MD-DE Colorectal Cancer Screening for information related to fecal DNA testing.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Place of Service

CLINICAL MEDICAL POLICY	
Policy Name:	Place of Service
Policy Number:	MP-020-MD-DE
Responsible Department(s):	Medical Management
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/01/2018
Revision Date:	03/14/2017
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical-surgical benefits of the Company’s Medicaid products for medically necessary services performed as an outpatient. This policy has been revised stating requests for inpatient services addressed in the policy will require Medical Director review.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Intravenous Immunoglobulin (IVIG) & Subcutaneous Immune Globulin (SCIG) Therapies

CLINICAL MEDICAL POLICY	
Policy Name:	Intravenous Immunoglobulin (IVIG) & Subcutaneous Immune Globulin (SCIG) Therapies
Policy Number:	MP-055-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/12/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage for intravenous immunoglobulin (IVIG) and subcutaneous immune globulin (SCIG) under the medical benefits of the Company’s Medicaid products when medically necessary in the treatment of primary immune-deficiency, idiopathic thrombocytopenic purpura, Kawasaki syndrome, chronic inflammatory demyelinating polyneuritis (CIDP), multifocal motor neuropathy, and B-cell chronic lymphocytic leukemia (CLL).

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Portrazza (necitumumab)

CLINICAL MEDICAL POLICY	
Policy Name:	Portrazza (necitumumab)
Policy Number:	MP-021-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	10/01/2017; 08/01/2017
Original Effective Date:	11/01/2017; 09/01/2017
Annual Approval Date:	09/01/2018
Revision Date:	12/19/2016
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical benefits of the Company’s Medicaid products for medically necessary Portrazza (necitumumab) administration.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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Spinraza (nusinersen)

CLINICAL MEDICAL POLICY	
Policy Name:	Spinraza (nusinersen)
Policy Number:	MP-048-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	10/01/2017
Original Effective Date:	11/01/2017
Annual Approval Date:	09/01/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical benefits of the Company’s Medicaid products for medically necessary intravenous administration of Spinraza (nusinersen).

This medical policy has been revised to reflect the most recent coding changes. Code C9489 has been added, effective July 7, 2017.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

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