

HIGHMARK | HIGHMARK

MEDICAL POLICY UPDATE

January 2026

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Policy

This notification provides an overview of upcoming medical policy changes affecting our Commercial and Medicare Advantage lines of business. Details are outlined in the tables below.

For new policies or those with updated criteria, a direct link is provided in the title of each policy. This link will allow you to view a draft version highlighting the specific changes. Within the draft, additions to the policy are indicated by red underlined text, while deletions are shown as highlighted text with a strikethrough.

Commercial Policy Changes:

Policy Category	Policy Number and Title	Anticipated Issue Date	Impacted States
New Policy	L-269 - Respiratory Infection Testing	04/27/2026	All
New Policy	S-775 - ProAct: Adjustable Continence Therapy for Men	03/02/2026	All
Criteria Update	E-2 - Home Dialysis Equipment and Supplies	04/27/2026	All

Criteria Update	I-146 - Monoclonal Antibodies for the Treatment of Eosinophilic Conditions	02/02/2026	All
Criteria Update	I-157 - Treatment of Spinal Muscular Atrophy	02/02/2026	All
Criteria Update	I-223 - Sacituzumab govitecan-hziy (Trodelvy)	05/11/2026	New York
Criteria Update	I-59 - Gemcitabine	05/11/2026	New York
Criteria Update	I-73 - Docetaxel (Taxotere)	05/11/2026	New York
Criteria Update	I-88 - Granulocyte Colony-Stimulating Factors	02/02/2026	All
Criteria Update	L-194 - WATS3D Biopsy (EndoCDx®)	04/27/2026	All
Criteria Update	S-201 - Balloon Ostial Dilatation of the Sinus and Implantable Sinus Stents	03/09/2026	All
Criteria Update	S-338 - Eye Prosthesis	03/09/2026	All
Criteria Update	S-588 - Hyperbaric Oxygen	04/27/2026	All
Criteria Update	Z-14 - Acupuncture	04/27/2026	All
No Change in Coverage	E-32 - Nebulizers	03/09/2026	All
No Change in Coverage	E-90 - Tonic Motor Activation System (TOMAC)	03/09/2026	All
No Change in Coverage	G-27 - Clinical Trials	03/09/2026	All
No Change in Coverage	I-119 - Eribulin Mesylate (Halaven)	03/09/2026	New York
No Change in Coverage	I-123 - Fulvestrant (Faslodex)	03/09/2026	New York
No Change in Coverage	I-127 - Blinatumomab (Blincyto)	03/16/2026	New York
No Change in Coverage	I-133 - Ixabepilone (Ixempra)	03/16/2026	New York
No Change in Coverage	I-161 - Irinotecan Liposomal (Onivyde)	03/16/2026	New York
No Change in Coverage	I-166 - Elotuzumab (Empliciti)	03/16/2026	New York
No Change in Coverage	I-169 - Trabectedin (Yondelis)	03/09/2026	New York
No Change in Coverage	I-202 - Mogamulizumab-kpkc (Poteligeo)	03/09/2026	New York
No Change in Coverage	I-217 - Polatuzumab vedotin-piiq (Polivy)	03/23/2026	New York
No Change in Coverage	I-221 - Isatuximab-irfc (Sarclisa)	03/23/2026	New York
No Change in Coverage	I-240 - Loncastuximab Tesirine-lpyl (Zynlonta)	03/23/2026	New York
No Change in Coverage	I-279 - Motixafortide (Aphexda)	03/16/2026	New York
No Change in Coverage	I-298 - Datopotamab deruxtecan-dlnk (Datroway)	03/16/2026	New York
No Change in Coverage	I-41 - Carfilzomib (Kyprolis)	03/09/2026	New York
No Change in Coverage	I-65 - Paclitaxel, albumin-bound (Abraxane)	03/02/2026	Pennsylvania, West Virginia, Delaware
No Change in Coverage	I-75 - Paclitaxel (Taxol)	03/02/2026	New York

No Change in Coverage	I-79 - Plerixafor (Mozobil)	03/09/2026	New York
No Change in Coverage	L-225 - GI Effects Comprehensive Stool Profile	03/02/2026	All
No Change in Coverage	P-1 Foot Care Services	03/09/2026	All
No Change in Coverage	S-28 Cosmetic Surgery vs. Reconstructive Surgery	03/09/2026	All
No Change in Coverage	S-581 - Cervical Diskectomy or Microdiskectomy, Foraminotomy, Laminotomy	03/02/2026	New York
No Change in Coverage	V-45 - Medication Assisted Treatment for Opioid Use Disorder: Methadone	03/03/2026	All
No Change in Coverage	V-59 - Contraceptive Management	03/09/2026	All
No Change in Coverage	Y-22 - Opioid Dependence Therapy	03/09/2026	All
Archive	I-119 - Eribulin Mesylate (Halaven)	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-123 - Fulvestrant (Faslodex)	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-127 - Blinatumomab (Blincyto)	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-133 - Ixabepilone (Ixempra)	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-161 - Irinotecan Liposomal (Onivyde)	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-166 - Elotuzumab (Empliciti)	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-169 - Trabectedin (Yondelis)	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-202 - Mogamulizumab-kpkc (Poteligeo)	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-217 - Polatuzumab vedotin-piiq (Polivy)	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-221 - Isatuximab-irfc (Sarclisa)	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-223 - Sacituzumab govitecan-hziy (Trodelvy)	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-240 - Loncastuximab Tesirine-lpyl (Zynlonta)	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-279 - Motixafortide (Aphexda)	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-298 - Datopotamab deruxtecan-dlnk (Datroway)	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-41 - Carfilzomib (Kyprolis)	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-59 - Gemcitabine	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-65 - Paclitaxel, albumin-bound (Abraxane)	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-73 - Docetaxel (Taxotere)	05/01/2026	Pennsylvania, West Virginia, Delaware
Archive	I-75 - Paclitaxel (Taxol)	05/01/2026	Pennsylvania, West Virginia, Delaware

Archive	I-79 - Plerixafor (Mozobil)	05/01/2026	Pennsylvania, West Virginia, Delaware
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Medicare Advantage Policy Changes:

Policy Category	Policy Number and Title	Anticipated Issue Date	Impacted States
New Policy	MA WV S-282 - Skin Substitutes Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers	03/02/2026	West Virginia
New Policy	MA PA/DE S-282 - Skin Substitutes Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers	03/02/2026	Pennsylvania, Delaware
New Policy	MA NY S-139 - Skin Substitutes Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers	03/02/2026	New York
Criteria Update	MA I-157 - Nusinersen (Spinraza)	02/02/2026	West Virginia
Criteria Update	MA I-239 - Treatment of Spinal Muscular Atrophy	02/02/2026	All
Criteria Update	MA I-95 Sacral Nerve Stimulation for Urinary Incontinence	01/12/2026	PA, DE, NY
Archive	MA I-119 – Eribulin Mesylate (Halaven)	05/01/2026	All
Archive	MA I-123 - Fulvestrant (Faslodex)	05/01/2026	All
Archive	MA I-127 - Blinatumomab (Blincyto)	05/01/2026	All
Archive	MA I-133 - Ixabepilone (Ixempra)	05/01/2026	All
Archive	MA I-161 - Irinotecan Liposomal (Onivyde)	05/01/2026	All
Archive	MA I-166 - Elotuzumab (Empliciti)	05/01/2026	All
Archive	MA I-169 - Trabectedin (Yondelis)	05/01/2026	All
Archive	MA I-202 - Mogamulizumab-kpkc (Poteligeo)	05/01/2026	All
Archive	MA I-217 - Polatuzumab vedotin-piiq (Polivy)	05/01/2026	All
Archive	MA I-227 - Isatuximab-irfc (Sarclisa)	05/01/2026	All
Archive	MA I-229 - Sacituzumab Govitecan-hziy (Trodelvy)	05/01/2026	All
Archive	MA I-249 - Loncastuximab tesirine-lpyl (Zynlonta)	05/01/2026	All
Archive	MA I-288 - Motixafortide (Aphexda)	05/01/2026	All
Archive	MA I-309 - Datopotamab deruxtecan-dlnk (Datroway)	05/01/2026	All
Archive	MA I-32 - Gemcitabine	05/01/2026	All
Archive	MA I-54 - Paclitaxel (Taxol)	05/01/2026	All
Archive	MA I-57 - Carfilzomib (Kyprolis)	05/01/2026	All
Archive	MA I-65 - Paclitaxel, albumin-bound (Abraxane)	05/01/2026	All
Archive	MA I-73 - Docetaxel (Taxotere)	05/01/2026	All
Archive	MA I-79 - Plerixafor (Mozobil)	05/01/2026	All



Additional Notifications - Commercial:

New Criteria: Highmark has established a new policy for Respiratory Infection Testing



Highmark has established new guidelines for Respiratory Infection Testing. Medically necessary criteria developed for respiratory infection panel testing for up to 5 targets. Criteria for greater than 5 targets will be considered not medically necessary. The same test on the same date of service will be considered not medically necessary. Repeat panel testing within 2 (two) weeks will be considered not medically necessary. Panel testing to evaluate for “clearing” of an illness will be considered not medically necessary.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is March 30, 2026.

Place of Service: Outpatient/Inpatient

Please refer to Medical Policy L-269 Respiratory Infection Testing, for additional information.

New Criteria: Coverage Criteria Established for Onasemnogene abeparvovec-brve (Itvisma)



Highmark has established new guidelines for I-157 Treatment of Spinal Muscular Atrophy. Criteria for new gene therapy, onasemnogene abeparvovec-brve (Itvisma), has been added to policy. Itvisma is indicated for the treatment of spinal muscular atrophy (SMA) in adult and pediatric patients 2 years of age and older with confirmed mutation in SMN1 gene.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is February 2, 2026.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy I-157, Treatment of Spinal Muscular Atrophy, for additional information.

Revised Criteria: Highmark has revised the criteria for Wearable Artificial Kidney



Highmark has revised criteria for home dialysis equipment. Wearable artificial kidney (WAK) is now listed as experimental/investigational.

This revised Medical Policy will apply to professional providers and/or facility claims. The effective date is April 27, 2026.

Place of Service: Outpatient

Please refer to Medical Policy E-2, Home Dialysis Equipment and Supplies, for additional information.

Revised Criteria: Highmark has revised the criteria for WATS3D Biopsy



Highmark has revised criteria for WATS3D biopsy. GERD has been removed as an approved indication. Criteria for Barrett's esophagus was updated. It now requires it to be done adjunct to standard biopsy protocol.

This revised Medical Policy will apply to professional providers and/or facility claims. The effective date is April 27, 2026.

Place of Service: Outpatient

Please refer to Medical Policy L-194, WATS3D Biopsy (EndoCDx®), for additional information.

Revised Criteria: Highmark has revised the criteria for Hyperbaric Oxygen



Highmark has revised criteria for hyperbaric oxygen. A quantity level limit of one treatment lasting up to 120 minutes per day was added. This limit applies to all diagnoses with the exception of severe decompression sickness, arterial gas embolism, and carbon monoxide poisoning.

This revised Medical Policy will apply to professional providers and/or facility claims. The effective date is April 27, 2026.

Place of Service: Outpatient

Please refer to Medical Policy S-588, Hyperbaric Oxygen, for additional information.

Revised Criteria: Highmark has revised the criteria for Acupuncture



Highmark has revised criteria for acupuncture. Chronic neck pain and tension headaches were added as approved indications. Criteria was added to nausea-related indications. A quantity level limit of 20 sessions per 365 days was added.

This revised Medical Policy will apply to professional providers and/or facility claims. The effective date is April 27, 2026.

Place of Service: Outpatient

Please refer to Medical Policy Z-14, Acupuncture, for additional information.

Additional Notifications - Medicare Advantage:

New Criteria: Coverage Criteria Established for Onasemnogene abeparvovec-brve (Itvisma)



Highmark has established new guidelines for I-239/ WV I-157 Treatment of Spinal Muscular Atrophy. Criteria for new gene therapy, onasemnogene abeparvovec-brve (Itvisma), has been added to policy. Itvisma is indicated for the treatment of spinal muscular atrophy (SMA) in adult and pediatric patients 2 years of age and older with confirmed mutation in SMN1 gene.



This revised Medical Policy will apply to professional providers and facility claims. The effective date is February 2, 2026.

Please refer to Medical Policy I-239/ WV I-157, Treatment of Spinal Muscular Atrophy, for additional information.

Medical Policy Correction: N-95-012 Sacral Nerve Stimulation for Urinary Incontinence – NCD 230.18



On January 12, 2026, Medical Policy N-95-012 Sacral Nerve Stimulation for Urinary Incontinence – NCD 230.18— which applies to Medicare Advantage (MA) — was inadvertently published. The corrected policy will be published on April 6, 2026.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is January 1, 2002.



Please refer to Medical Policy N-95, Sacral Nerve Stimulation for Urinary Incontinence – NCD 230.18, 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 MedicalPolicyInquiries@highmarkhealth.org



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