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MEDICAL POLICY UPDATE

May 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	<u>E-95 - Bone Growth Stimulators, Electrical and Electromagnetic</u>	8/24/2026	All
New Policy	<u>S-328 - Knee Surgery: Meniscal Allograft Transplantation</u>	8/24/2026	All
New Policy	<u>S-329 - Knee Surgery: Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions</u>	4/27/2026	PA, DE, WV
New Policy	<u>S-564 - Autografts in Orthopedic Surgery</u>	6/29/2026	PA, DE, WV
New Policy	<u>S-785 - Knee Surgery: Autologous Chondrocyte Implantation</u>	7/13/2026	All

New Policy	S-786 - Knee: Patella Reconstruction or Realignment	7/27/2026	All
Criteria Update	A-0655 - Iliotibial Band Lengthening*	7/27/2026	All
Criteria Update	ECG 3018 - Opdivo and Opdivo Qvantig (nivolumab IVSC)	6/1/2026	PA, DE, WV
Criteria Update	ECG 3035 - Enhertu (fam-trastuzumab deruxtecan-nxki)	6/1/2026	PA, DE, WV
Criteria Update	ECG 3058 - Fusilev, Khapzory (levoleucovorin)	6/1/2026	PA, DE, WV
Criteria Update	ECG 3061 - Besponsa (inotuzumab ozogamicin)	6/1/2026	PA, DE, WV
Criteria Update	ECG 3074 - Bone Modifying Agents	6/1/2026	PA, DE, WV
Criteria Update	ECG 3075 - Elahere (mirvetuximab soravtansine-gynx)	6/1/2026	PA, DE, WV
Criteria Update	ECG 3113 - Nplate (romiplostim)	6/1/2026	PA, DE, WV
Criteria Update	ECG 3121 - Padcev (entumab vedotin-ejfv)	6/1/2026	PA, DE, WV
Criteria Update	ECG 3134 - Luteinizing Hormone Releasing Hormone (LHRH) Agonists or Antagonists	6/1/2026	PA, DE, WV
Criteria Update	ECG 3155 - Yervoy (ipilimumab)	6/1/2026	PA, DE, WV
Criteria Update	ECG 3157 - Lynozyfic (linvoseltamab-gcpt)	6/1/2026	PA, DE, WV
Criteria Update	ECG 3159 - Keytruda and Keytruda Qlex (pembrolizumab IVSC)	6/1/2026	PA, DE, WV
Criteria Update	ECG 3161 - Reblozyl (luspatercept-aamt)	6/1/2026	PA, DE, WV
Criteria Update	ECG 3189 - Inlexzo (gemcitabine intravesical system)	6/1/2026	PA, DE, WV
Criteria Update	ECG 3204 - Erbitux (cetuximab)	6/1/2026	PA, DE, WV
Criteria Update	I-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	6/15/2026	NY
Criteria Update	I-130 - Complement Inhibitors	9/1/2026	All
Criteria Update	I-146 - Monoclonal Antibodies for the Treatment of Eosinophilic Conditions	7/20/2026	All

Criteria Update	<u>I-150 - Daratumumab (Darzalex) and Daratumumab and Hyaluronidase-fihj (Darzalex Faspro)</u>	9/1/2026	NY
Criteria Update	<u>I-171 - Ocrelizumab (Ocrevus) and Ocrelizumab and hyaluronidase-ocsq (Ocrevus Zunovo)</u>	9/1/2026	All
Criteria Update	<u>I-198 - Burosumab (Crysvita)</u>	8/15/2026	NY
Criteria Update	<u>I-198 - Burosumab (Crysvita)</u>	7/15/2026	PA, DE, WV
Criteria Update	<u>I-199 - Interleukin-23 Antagonists</u>	9/1/2026	All
Criteria Update	<u>I-242 - New York Step Therapy Override Exception</u>	6/1/2026	NY
Criteria Update	<u>I-247 - Efgartigmod alfa-fcab (Vyvgart) and Efgartigmod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo)</u>	9/1/2026	All
Criteria Update	<u>I-250 - Inclisiran (Leqvio)</u>	6/1/2026	All
Criteria Update	<u>I-272 - Rozanolixizumab-noli (Rystiggo)</u>	9/1/2026	All
Criteria Update	<u>I-29 - Pegloticase (Krystexxa)</u>	9/1/2026	All
Criteria Update	<u>I-30 - Denosumab (Prolia, Xgeva) and Denosumab Biosimilars</u>	6/1/2026	All
Criteria Update	<u>I-302 - Nipocalimab-aahu (Imaavy)</u>	9/1/2026	All
Criteria Update	<u>I-53 - Omalizumab (Xolair) and Omalizumab Biosimilars</u>	9/1/2026	PA, DE, WV
Criteria Update	<u>I-58 - Enzyme Replacement Therapies</u>	6/1/2026	All
Criteria Update	<u>I-85 - Natalizumab (Tysabri) and Natalizumab Biosimilars</u>	9/1/2026	All
Criteria Update	<u>S-129 - Mastectomy and Reconstructive Surgery</u>	7/13/2026	All
Criteria Update	<u>S-163 - Prophylactic Mastectomy</u>	7/13/2026	All
Criteria Update	<u>S-328 - Knee Surgery: Meniscal Allograft Transplantation</u>	8/24/2026	All

Criteria Update	<u>S-329 - Knee Surgery: Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions</u>	8/24/2026	All
Criteria Update	<u>S-633 - Shoulder Hemiarthroplasty</u>	7/27/2026	All
Criteria Update	<u>S-634 - Shoulder Arthroplasty</u>	7/27/2026	All
Criteria Update	<u>S-771 - Bioengineered Skin and Amniotic Membrane Substitutes</u>	7/13/2026	All
Criteria Update	<u>S-780 - HMK Knee Arthroplasty, Total</u>	8/24/2026	All
Criteria Update	<u>S-781 - HMK Knee Arthrotomy</u>	8/24/2026	All
Criteria Update	<u>S-782 - HMK Shoulder Arthroscopy</u>	8/24/2026	All
Criteria Update	<u>S-783 - HMK Hip Surgery: Hip Arthroplasty</u>	8/24/2026	All
Criteria Update	<u>S-784 - HMK Hip Surgery: Hip Resurfacing</u>	8/24/2026	All
Criteria Update	<u>V-44 - Medical Nutrition Management Services (MNT)</u>	8/24/2026	All
Criteria Update	<u>X-24 - Bone Mineral Density Studies</u>	7/13/2026	All
Criteria Update	<u>Z-116 - HMK Nerve Block or Neurolysis, Lumbar Sympathetic</u>	7/27/2026	All
Criteria Update	<u>Z-26 - Allergy Skin Testing</u>	8/24/2026	All
Criteria Update	<u>A-0226 - Vertebroplasty and Kyphoplasty</u>	7/27/2026	All
Criteria Update	<u>A-0227 - Disk Arthroplasty, Cervical</u>	7/27/2027	All
Criteria Update	<u>I-180 - Chimeric Antigen Receptor T-Cell Therapy</u>	6/1/2026	All
Criteria Update	<u>I-262 - Teclistamab-cqyv (Tecvayli)</u>	6/1/2026	NY
Criteria Update	<u>V-3 - Billing of Observation Services</u>	8/3/2026	PA, DE, WV
Archive	A-0229 - Nerve Block or Neurolysis, Lumbar Sympathetic	8/24/2026	All
Archive	A-0415 - Autologous Chondrocyte Implantation, Knee	4/27/2026	All

Archive	A-0416 - Mosaicplasty	5/11/2026	NY
Archive	A-0506 - Knee Surgery: Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions	4/27/2026	All
Archive	L-263 - Biochemical Markers of Bone Remodeling	7/13/2026	All
Archive	S-770 - Knee: Patella Reconstruction or Realignment	7/27/2026	NY
No Change in Coverage	A-0230 - Nerve Block, Stellate Ganglion	7/27/2026	All
No Change in Coverage	I-121 - Repository Corticotropin Intramuscular Injection (Acthar Gel)	7/13/2026	All
No Change in Coverage	I-152 - Treatments for Duchenne Muscular Dystrophy	7/27/2026	All
No Change in Coverage	I-212 - Esketamine (Spravato)	7/13/2026	All
No Change in Coverage	I-224 - Delaware Step Therapy Override Exception	7/13/2026	DE
No Change in Coverage	I-24 - Belatacept (Nulojix)	7/13/2026	All
No Change in Coverage	I-269 - Delandistrogene moxeparvovec (Elevidys)	7/27/2026	All
No Change in Coverage	I-292 - Axatilimab-csfr (Niktimvo)	7/13/2026	All
No Change in Coverage	I-32 - Intravenous Anesthetics for Off-Label Indications	7/13/2026	All
No Change in Coverage	I-92 - Naltrexone for Treatment of Alcohol and Opioid Dependence	7/13/2026	All
No Change in Coverage	M-85 - Electromagnetic Navigational Bronchoscopy (ENB)	7/20/2026	All
No Change in Coverage	M-91 - Supplementary Alog. Card. MRI	7/13/2026	All
No Change in Coverage	P-1056 - Spine, Scoliosis, Posterior Instrumentation, Pediatric	7/27/2026	All
No Change in Coverage	Q-4 - Private Duty Nursing	8/24/2026	All
No Change in Coverage	S-1056 - Spine, Scoliosis, Posterior Instrumentation	7/27/2026	All
No Change in Coverage	S-178 - Treatment of Hyperhidrosis	7/13/2026	All

No Change in Coverage	S-600 - Hip: Displaced Fracture of Femoral Neck, Hemiarthroplasty	7/27/2026	All
No Change in Coverage	S-705 - Knee Arthroscopy	7/27/2026	All
No Change in Coverage	Z-103 - Coverage with Evidence Development	7/13/2026	All

*MCG Guideline will be available upon publication

Medicare Advantage Policy Changes:

Policy Category	Policy Number and Title	Anticipated Issue Date	Impacted States
Criteria Update	MA I-134 - Enzyme Replacement Therapies	6/1/2026	All
Criteria Update	MA Y-1 - Therapy and Rehabilitation Services (Physical Therapy, Occupational Therapy) PA, DE	7/13/2026	PA, DE
New Policy	MA M-139 - Nerve Blocks and Electrostimulation for Peripheral Neuropathy	6/29/2026	PA, DE
New Policy	MA Y-1 - Therapy and Rehabilitation Services (Physical Therapy, Occupational Therapy)	7/13/2026	WV
No Change in Coverage	MA I-212 - Esketamine (Spravato)	7/13/2026	All
No Change in Coverage	MA I-303 - Axatilimab-csfr (Niktimvo)	7/13/2026	All



Additional Notifications - Commercial:

Injectable Drugs Added to Site of Care



Highmark has established new criteria for I-151, Site of Care. The following biosimilars are being added to the Site of Care program:

- Pegloticase (Krystexxa)
- Omalizumab (Xolair)
- Omalizumab- (Omlyclo)
- Natalizumab (Tysabri)
- Natalizumab-sztn (Tyruko)
- Crovalimab-akkz (Piasky)
- Ocrelizumab and hyaluronidase-ocsq (Ocrevus Zunovo)
- Tildrakizumab-asmn (Ilumya)
- Risankizumab-rzaa (Skyrizi IV)
- Guselkumab (Tremfya IV)
- Mirikizumab-mrkz (Omvoh IV)
- Efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo)
- Rozanolixizumab-noli (Rystiggo)
- Nipocalimab-aahu (Imaavy)
- Denosumab (Xgeva)
- Denosumab-bbdz (Wyost)
- Denosumab-bmwo (Osenvelt)
- Denosumab-bnht (Bomynta)
- Denosumab-desu (Jubereq)
- Denosumab-dssb (Xybryk)
- Denosumab-kyqq (Aukelso)
- Denosumab-mobz (Oziltus)
- Denosumab-nxxp (Bilprevda)
- Denosumab-gbde (Xtrendo)
- Daratumumab (Darzalex)
- Daratumumab and Hyaluronidase-fihj (Darzalex Faspro)

This revised Medical Policy will apply to professional providers and facility claims. The effective date is September 1, 2026.

Place of Service: Outpatient-Infusion

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

Correction: Medical Policy N-109 Coding Information



Due to a technical glitch, a correction has been made to the diagnosis codes for Treatment of Resistant Depression for Procedure 64568 under medical policy MA N-109 Vagus Nerve Stimulation - NCD 160.18 for versions 016-019. The corrected policy was published on May 18, 2026.

This revised Medical Policy will apply to (professional providers and/or facility claims). The effective date is February 15, 2019.

Place of Service: Not Applicable

Please refer to Medicare Advantage Medical Policy N-109, Vagus Nerve Stimulation - NCD 160.18), 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.

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