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MEDICAL POLICY UPDATE

November 2025

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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
Criteria Update	E-47 - Non-Powered Negative Pressure Wound Therapy System	1/19/2026	All
Criteria Update	I-12 - Human Growth Hormone	12/1/2025	All
Criteria Update	I-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	12/1/2025	All
Criteria Update	I-126 - Alpha1-Proteinase Inhibitors	1/12/2026	All
Criteria Update	I-130 - Complement Inhibitors	12/1/2025	All
Criteria Update	I-130 - Complement Inhibitors	3/1/2026	All

Criteria Update	I-137 NY WV - Obinutuzumab (Gazyva)	12/1/2025	New York, West Virginia
Criteria Update	I-137 DE - Obinutuzumab (Gazyva)	12/1/2025	Delaware
Criteria Update	I-137 PA - Obinutuzumab (Gazyva)	12/1/2025	Pennsylvania
Criteria Update	I-146 - Monoclonal Antibodies for the Treatment of Eosinophilic Conditions	12/8/2025	All
Criteria Update	I-151 - Site of Care	3/1/2026	Pennsylvania, Delaware, West Virginia
Criteria Update	I-151 NY - Site of Care	3/1/2026	New York
Criteria Update	I-20 - Immune Prophylaxis for Respiratory Syncytial Virus (RSV)	1/26/2026	All
Criteria Update	I-228 - Lurbinectedin (Zepzelca)	12/8/2025	All
Criteria Update	I-238 - Evinacumab-dqnb (Evkeeza)	12/1/2025	All
Criteria Update	I-29 - Pegloticase (Krystexxa)	2/23/2026	All
Criteria Update	I-31 - Tocilizumab (Actemra) and Tocilizumab Biosimilars	3/1/2026	All
Criteria Update	I-35 - Golimumab (Simponi, Simponi Aria)	12/1/2025	All
Criteria Update	I-38 - Rituximab (Rituxan), Rituximab Biosimilars, and Rituximab and Hyaluronidase Human (Rituxan Hycela)	1/12/2026	All
Criteria Update	I-8 DE - Immunizations	11/17/2025	Delaware
Criteria Update	I-8 NY - Immunizations	11/17/2025	New York
Criteria Update	I-8 PA- Immunizations	11/17/2025	Pennsylvania
Criteria Update	I-8 WV - Immunizations	11/17/2025	West Virginia
Criteria Update	I-94 - Intravitreal Injections	12/8/2025	All
Criteria Update	L-123 - Liquid Biopsy Testing- Solid Tumors	12/29/2025	New York
Criteria Update	M-95 - Stress Echocardiography- Exercise or Pharmacologic	12/1/2025	All
Criteria Update	M-96 - HMK Myocardial Perfusion Imaging, Exercise or Pharmacologic Stress	12/1/2025	All
Criteria Update	R-94 - Lutetium Lu 177 dotatate (Lutathera)	1/12/2026	New York
Criteria Update	S-283 - Diagnosis and Treatment of Sacroiliac Joint Pain	1/12/2026	All
Criteria Update	S-287 - Recombinant Human Bone Morphogenetic Protein (rhBMP-2) (InFuse)	1/19/2026	New York
Criteria Update	S-297 - Lesion Creation with Neurolytic Agent	1/19/2026	New York
Criteria Update	S-583 - Cervical Fusion, Posterior	1/19/2026	New York

Criteria Update	Z-26 - Allergy Skin Testing	2/23/2026	All
New Policy	E-93 - Scalp Cooling Treatment	1/1/2026	New York
New Policy	V-63 - Partial Hospitalization Program	3/2/2026	All
New Policy	V-64 - Intensive Outpatient Programs	3/2/2026	All
New Policy	X-589 - Appropriate Use of Imaging in Emergency Medicine	2/23/2026	All
New Policy	A-0948 - Disk Arthroplasty, Lumbar	12/29/2025	New York
Archiving	A-0078 - Myocardial Perfusion Imaging, Exercise Stress	12/1/2025	New York
Archiving	A-0079 - Myocardial Perfusion Imaging, Pharmacologic Stress	12/1/2025	New York
Archiving	A-0080 - Pharmacologic Stress Echocardiography	12/1/2025	New York
Archiving	A-0113 - Stress Echocardiography	12/1/2025	New York
Archiving	R-102 - Iobenguane I-131 (Azedra)	1/19/2026	New York
Archiving	S-573 - Disk Arthroplasty, Lumbar	12/29/2025	New York
No Change in Coverage	E-89 - Transanal Irrigation	1/12/2026	All
No Change in Coverage	I-143 - Inhalation Products for the Management of Cystic Fibrosis	1/26/2026	All
No Change in Coverage	I-157 - Treatment of Spinal Muscular Atrophy	1/26/2026	All
No Change in Coverage	I-198 - Burosumab (Crysvita)	1/19/2026	All
No Change in Coverage	I-25 - Desensitization Treatment for Heart and Renal Transplant	1/12/2026	All
No Change in Coverage	I-3 - Allergy Immunotherapy	1/12/2026	All
No Change in Coverage	L-195 - Genetic Testing: Germline Cancer Testing	12/29/2025	New York
No Change in Coverage	L-221 - Genetic Testing for Diseases of the Thyroid	1/26/2026	New York
No Change in Coverage	L-222 - Multimarker Serum Testing Related to Ovarian Cancer	12/29/2025	New York
No Change in Coverage	L-229 - Genetic Testing for Mitochondrial Disorders	1/12/2026	New York
No Change in Coverage	L-235 - Genetic Testing: Polymerase Gamma (POLG) Related Disorders	1/19/2026	New York
No Change in Coverage	L-271 - Testing for Hematologic Malignancies	1/26/2026	New York
No Change in Coverage	L-276 - Genetic Testing for Alzheimer's Disease	1/12/2026	New York
No Change in Coverage	L-280 - Pharmacogenetic/Pharmacogenomic Testing	1/12/2026	New York
No Change in Coverage	L-286 - Predictive Classifiers for Early Stage Non-small Cell Lung Cancer	1/19/2026	New York
No Change in Coverage	L-291 - Nodify XL2	1/12/2026	New York
No Change in Coverage	L-294 - Genetic Testing for Bladder Cancer	1/19/2026	New York
No Change in Coverage	L-295 - Genetic Testing for Idiopathic Pulmonary Fibrosis	12/29/2025	New York

No Change in Coverage	L-96 - Biomarkers in Risk Assessment and Management of Cardiovascular Disease	12/29/2025	New York
No Change in Coverage	M-7 - Electronystagmography and Videonystagmography Services	1/12/2026	All
No Change in Coverage	O-11 - Wigs	1/12/2026	All
No Change in Coverage	O-16 - Parenteral Nutrition	12/29/2025	All
No Change in Coverage	O-19 - Ostomy Supplies	1/12/2026	All
No Change in Coverage	R-103 - Lutetium Lu 177 Vipivotide Tetraxetan (Pluvicto)	1/19/2026	New York
No Change in Coverage	R-104 - Radium-223 (Xofigo)	1/19/2026	New York
No Change in Coverage	R-15 - Selective Internal Radiation Therapy (SIRT)	1/12/2026	New York
No Change in Coverage	R-58 - Ibritumomab tiuxetan (Zevalin)	1/12/2026	New York
No Change in Coverage	S-184 - Gender Affirmation Surgery (Previously Gender Reassignment Surgery)	1/19/2026	All
No Change in Coverage	S-288 - Bone Marrow Aspirate Concentrate (BMAC)	1/19/2026	New York
No Change in Coverage	S-293 - Facet Joint and Peripheral Nerve Ablation/Denervation	1/12/2026	New York
No Change in Coverage	S-294 - Drug Delivery Systems, Implantable Intrathecal	1/12/2026	New York
No Change in Coverage	S-295 - Intradiscal Procedures	1/19/2026	New York
No Change in Coverage	S-298 - Fluoroscopy, Spinal	1/12/2026	New York
No Change in Coverage	S-46 - Treatment of Malignant Skin Lesions	1/19/2026	All
No Change in Coverage	U-5 - Assisted Reproductive Technology	1/12/2026	All
No Change in Coverage	V-61 - Psychiatric Residential Facilities	12/29/2025	All
No Change in Coverage	V-62 - Substance Abuse Treatment Residential Facilities	12/29/2025	All
No Change in Coverage	X-587 - Breast Ultrasound	12/29/2025	New York
No Change in Coverage	Z-105 - Prescription Digital Therapeutics	1/19/2026	All

Medicare Advantage Policy Changes:

Policy Category	Policy Number and Title	Anticipated Issue Date	Impacted States
Criteria Update	MA I-126 - Alpha-1 Proteinase Inhibitors	1/12/2026	All
Criteria Update	MA I-130 NY- Complement Inhibitors	12/1/2025	MA New York

Criteria Update	MA I-130 PA DE WV - Complement Inhibitors	12/1/2025	MA Pennsylvania, MA West Virginia, MA Delaware
Criteria Update	MA I-137 - Obinutuzumab (Gazyva)	12/1/2025	All
Criteria Update	MA I-245 - Evinacumab-dqnb (Evkeeza)	12/1/2025	All
Criteria Update	MA I-38 NY - Rituximab (Rituxan), Rituximab Biosimilars, and Rituximab and Hyaluronidase Human (Rituxan Hycela)	1/12/2026	MA New York
Criteria Update	MA I-38 PA/DE- Rituximab (Rituxan), Rituximab Biosimilars, and Rituximab and Hyaluronidase Human (Rituxan Hycela)	1/12/2026	MA Pennsylvania, MA Delaware
No Change in Coverage	MA I-157 - Nusinersen (Spinraza)	1/26/2026	MA West Virginia
No Change in Coverage	MA I-198 - Burosumab (Crysvita)	1/19/2026	All
No Change in Coverage	MA I-239 - Treatment of Spinal Muscular Atrophy	1/26/2026	MA Pennsylvania, MA Delaware, MA New York
No Change in Coverage	MA I-29 - Pegloticase (Krystexxa)	2/23/2026	All



Policy

Additional Notifications:

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:

- Tocilizumab-anoh (Avtozma)
- Eculizumab-aagh (Epysqli)
- Eculizumab-aeeb (Bkemv)

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

Place of Service: Outpatient-Infusion

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

Appropriate Use of Imaging in Emergency Medicine



Highmark has established new criteria for appropriate use of imaging in emergency medicine. A new policy has been established, for use in conjunction with imaging guidelines, with an aim to reduce radiation exposure and costs associated with unnecessary imaging performed in emergency settings.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is February 23, 2026.

Place of Service:

Please refer to Medical Policy X-589, Appropriate Use of Imaging in Emergency Medicine, for additional information.

CORRECTION Revised Criteria: Highmark has revised the criteria for Three-Dimensional (3-D) Rendering and Reporting of Imaging



Highmark has revised criteria for Three-Dimensional (3-D) Rendering and Reporting of Imaging. The medical policy will be archived and the codes 76376 and 76377 will be considered integral to the primary service and will not be separately reimbursable.

This revised Medical Policy will apply to professional providers and facility claims. The effective date was originally set for February 2, 2026. The effective date will now be February 23, 2026.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy X-585, Three-Dimensional (3-D) Rendering and Reporting of Imaging for additional information.

Please refer to Reimbursement Policy RP-041, Services Not Separately Reimbursed 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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