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MEDICAL POLICY UPDATE

October 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 Change	Commercial Policy Number and Title	Anticipated Issue Date	Impacted States
New Policy	I-308-001 - Zopapogene Imadenovec-drba (Papzimeos)	11/3/2025	All
New Policy	I-309-001 - Intravesicular Gemcitabine (Inlexzo)	11/10/2025	All
New Policy	Z-110-001 - Vivaer/Latera	12/8/2025	All
Criteria Update	E-58-025 - Wearable Cardioverter-Defibrillator	12/8/2025	All
Criteria Update	I-120-051 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	11/3/2025	All
Criteria Update	I-120-052 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	2/1/2026	All
Criteria Update	I-122-016 - Treatment of Hereditary Angioedema (HAE)	11/3/2025	All
Criteria Update	I-151-022 - Site of Care	11/1/2025	All
Criteria Update	I-151-023 - Site of Care	2/1/2026	All

Criteria Update	I-159-011 - Oncologic Indications for Histone Deacetylase (HDAC) Inhibitors	12/1/2025	All
Criteria Update	I-274-005 - Glofitamab-gxbm (Columvi)	12/1/2025	All
Criteria Update	I-281-008 - Exagamglogene autotemcel	10/13/2025	All
Criteria Update	I-284-003 - Atidarsagene autotemcel (Lenmeldy)	12/8/2025	All
Criteria Update	I-295-004 - Zolbetuximab-clzb (Vyloy)	12/8/2025	All
Criteria Update	I-30-022 - Denosumab (Prolia, Xgeva) and Denosumab Biosimilars	11/3/2025	All
Criteria Update	DE I-30-023 - Denosumab (Prolia, Xgeva) and Denosumab Biosimilars	1/1/2026	Delaware
Criteria Update	DE I-36-012 - Palonosetron (Aloxi)	1/1/2026	Delaware
Criteria Update	DE I-42-032 - Zoledronic Acid (Reclast, Zometa)	1/1/2026	Delaware
Criteria Update	I-53-028 - Omalizumab (Xolair) and Omalizumab Biosimilars	11/3/2025	All
Criteria Update	DE I-7-042 - Erythropoiesis Stimulating Agents	1/1/2026	Delaware
Criteria Update	I-94-056 - Intravitreal Injections	11/10/2025	All
Criteria Update	S-109-017 - Transcatheter Arterial Chemoembolization	12/8/2025	All
Criteria Update	S-203-015 - Transcatheter Pulmonary Valve Implantation	12/8/2025	All
Criteria Update	S-275-011 - Prostate Disease: Diagnosis, Staging, and Treatment	12/15/2025	All
Criteria Update	S-347-003 - Cardiac Pacemaker Implantation or Replacement	12/8/2025	All
Criteria Update	P-795-002 - Liver Transplant, Pediatric	1/26/2026	All
Criteria Update	S-795-002 - Liver Transplant	1/26/2026	All
Criteria Update	U-9-002 - Maternity Ultrasound	11/3/2025	All
Criteria Update	X-586 - Breast MRI	12/1/2025	New York
Criteria Update	Y-9-002 - Manipulation Services	12/9/2025	All
Archiving	X-585-002 - Dimensional (3-D) Rendering and Reporting of Imaging	2/2/2026	New York
No Change in Coverage	B-13 - Chiropractic Therapy	12/1/2025	Delaware
No Change in Coverage	B-4 - Medical Foods	12/1/2025	Delaware
No Change in Coverage	I-118-013 - Alemtuzumab (Lemtrada)	12/15/2025	All
No Change in Coverage	I-121-011 - Repository Corticotropin Intramuscular Injection (Acthar Gel)	12/1/2025	All
No Change in Coverage	I-171-016 - Ocrelizumab (Ocrevus)	12/15/2025	All
No Change in Coverage	I-186-007 - Ibalizumab-uiyk (Trogarzo)	12/15/2025	All
No Change in Coverage	I-221-007 - Isatuximab-irfc (Sarclisa)	12/1/2025	All
No Change in Coverage	I-024-015 - Belatacept (Nulojix)	12/8/2025	All
No Change in Coverage	I-258-004 - Elivaldogene autotemcel (Skysona)	12/1/2025	All
No Change in Coverage	I-267-005 - Ublituximab-xiyy (Briumvi)	12/15/2025	All

No Change in Coverage	I-292-003 - Axatilimab-csfr (Niktimvo)	12/8/2025	All
No Change in Coverage	L-102 - Drug Testing	12/1/2025	All
No Change in Coverage	L-191-009 - Intracellular Micronutrient Testing Panel	12/8/2025	All
No Change in Coverage	L-216-002 - Uveal Melanoma: DecisionDx	12/1/2025	New York
No Change in Coverage	L-287-002 - Chromosomal microarray (CMA) /Array Comparative Genomic Hybridization (aCGH)	12/1/2025	New York
No Change in Coverage	L-290-002 - Next-Generation Sequencing for the Assessment of Measurable Residual Disease Testing for Cancer	12/1/2025	New York
No Change in Coverage	L-292 - Genetic Testing for Autism	12/1/2025	New York
No Change in Coverage	L-297 - Genetic Testing for Pain	12/1/2025	New York
No Change in Coverage	L-299 - Genetic Testing for Intellectual Disability	12/1/2025	New York
No Change in Coverage	L-302 - Genetic Testing for Prostate Cancer	12/1/2025	New York
No Change in Coverage	L-32-025 - Laboratory Studies for Diagnosing and Managing Inflammatory Bowel Disease	12/8/2025	All
No Change in Coverage	M-28-046 - Nerve Conduction Studies and Electromyography	12/1/2025	All
No Change in Coverage	M-52 - External Counterpulsation	12/1/2025	All
No Change in Coverage	S-131-031 - Sacral Nerve Neuromodulation	12/8/2025	All
No Change in Coverage	S-200-020 - Endovascular Procedures for Intracranial and Extracranial Cerebral Vascular Disease	12/1/2025	All
No Change in Coverage	S-204-018 - Endoscopic Radiofrequency Ablation/Cryotherapy	12/1/2025	All
No Change in Coverage	S-238-011 - Transcatheter Mitral Valve Repair/Replacement	12/8/2025	All
No Change in Coverage	S-265-006 - Orthopedic Applications of Platelet-Rich Plasma	12/1/2025	All
No Change in Coverage	S-269-007 - Per-Oral Endoscopic Myotomy	12/1/2025	All
No Change in Coverage	S-279-004 - Vertebral Body Tethering	12/8/2025	All
No Change in Coverage	S-327-002 - Percutaneous Creation of Arteriovenous Fistula	12/1/2025	All
No Change in Coverage	V-1 - Cardiac Rehabilitation Programs, Phase II Outpatient	12/1/2025	All
No Change in Coverage	V-2 - Concurrent Care	12/1/2025	All
No Change in Coverage	V-23-034 - Temporomandibular Joint (TMJ) Dysfunction	12/8/2025	Pennsylvania, Delaware, New York
No Change in Coverage	V-44 - Medical Nutrition Management Services (MNT)	12/8/2025	All

No Change in Coverage	WV V-23-029 - Temporomandibular Joint (TMJ) Dysfunction	12/8/2025	West Virginia
No Change in Coverage	Y-23-008 - Chronic Pain Management	12/8/2025	West Virginia
No Change in Coverage	Z-52-021 - Pain Management by Injection	12/15/2025	All
No Change in Coverage	I-294-004 - Zanidatamab (Ziihera)	12/8/2025	All

Medicare Advantage Policy Changes:

Policy Category	Medicare Advantage Policy Number and Title	Anticipated Issue Date	Impacted States
New Policy	MA I-315-001 - Zopapogene Imadenovec-drba (Papzimeos)	11/3/2025	All
New Policy	MA I-316-001 - Intravesicular Gemcitabine (Inlexzo)	11/10/2025	All
Criteria Update	MA I-120-045 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	11/3/2025	All
Criteria Update	MA I-122-010 - Treatment of Hereditary Angioedema (HAE)	11/3/2025	All
Criteria Update	MA I-159-010 - Oncologic indications for Histone deacetylase (HDAC) inhibitors	12/1/2025	All
Criteria Update	MA I-283-005 - Glofitamab-qxbm (Columvi)	12/1/2025	All
Criteria Update	MA I-306-004 - Zolbetuximab-clzb (Vyloy)	12/8/2025	All
No Change in Coverage	MA I-118-011 - Alemtuzumab (Lemtrada)	12/15/2025	All
No Change in Coverage	MA I-121-011 - Repository Corticotropin Injection (Acthar Gel)	12/1/2025	All
No Change in Coverage	MA I-171-013 - Ocrelizumab (Ocrevus)	12/15/2025	All
No Change in Coverage	MA I-186-007 - Ibalizumab-uiyk (Trogarzo)	12/15/2025	All
No Change in Coverage	MA I-227-006 - Isatuximab-irfc (Sarclisa)	12/1/2025	All
No Change in Coverage	MA I-276-005 - Ublituximab-xiiy (Briumvi)	12/15/2025	All
No Change in Coverage	MA I-303-003 - Axatilimab-csfr (Niktimvo)	12/8/2025	All
No Change in Coverage	MA I-305-004 - Zanidatamab (Ziihera)	12/8/2025	All



Additional Notifications:

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 is February 2, 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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