

# HIGHMARK | HIGHMARK

# MEDICAL POLICY UPDATE

September 2025

## IN THIS ISSUE

Commercial Policy Changes: .....	1
Medicare Advantage Policy Changes: .....	9
Additional Notifications: .....	11
New Criteria: Highmark Has Established New Guidelines for Policy S-771, Skin Substitutes .....	11
New Criteria: Highmark Has Established a New Policy for Vocal Cord Paralysis/Insufficiency Treatments in New York .....	11
New Criteria: Highmark Has Established New Criteria for Biofeedback .....	12
New Criteria: Highmark is Establishing New Criteria for Respiratory Therapy .....	12
New Criteria: Highmark Management of Cardiology and Radiology Imaging Policies and Guidelines	13
Reminder: Musculoskeletal Coverage Guideline Update .....	16
Reminder: Cardiology & Radiology Coverage Guideline Update .....	16



## 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	<a href="#">A-0001 - Cardiac Cath and Angiography</a>	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	<a href="#">A-0006 - Renal Angiography</a>	12/1/2025	Pennsylvania, Delaware, West Virginia

<b>New Policy</b>	<b>A-0007 - Carotid or Cerebral Angiography</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>
<b>New Policy</b>	<b>A-0014 - Ankle CT Scan</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>
<b>New Policy</b>	<b>A-0015 - Arm CT Scan</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>
<b>New Policy</b>	<b>A-0016 - Brain CT Scan</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>
<b>New Policy</b>	<b>A-0017 - Elbow CT Scan</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>
<b>New Policy</b>	<b>A-0018 - Face and Sinuses CT Scan</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>
<b>New Policy</b>	<b>A-0019 - Foot and Foot Joints CT Scan</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>
<b>New Policy</b>	<b>A-0020 - Cardiac CT Scan</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>
<b>New Policy</b>	<b>A-0021 - Lower Extremity CT Scan</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>
<b>New Policy</b>	<b>A-0022 - Neck CT Scan</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>
<b>New Policy</b>	<b>A-0023 - Orbit and Ear CT Scan</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>
<b>New Policy</b>	<b>A-0025 - Cervical Spine CT Scan</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>
<b>New Policy</b>	<b>A-0026 - Thoracic Spine CT Scan</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>
<b>New Policy</b>	<b>A-0027 - Lumbar Spine CT Scan</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>
<b>New Policy</b>	<b>A-0028 - Chest CT Scan</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>
<b>New Policy</b>	<b>A-0029 - Wrist CT Scan</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>
<b>New Policy</b>	<b>A-0030 - Colonography, CT (Virtual Colonoscopy)</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>
<b>New Policy</b>	<b>A-0031 - Myelography, CT</b>	<b>12/1/2025</b>	<b>Pennsylvania, Delaware, West Virginia</b>

New Policy	A-0032 - Abdominal/Pelvic MR Angiography (MRA)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0033 - Head MR Angiography (MRA)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0034 - Neck MR Angiography (MRA)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0035 - Chest MR Angiography (MRA)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0036 - Cardiac MR Angiography (MRA)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0037 - Lower Extremity MR Angiography (MRA)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0044 - Abdominal MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0045 - Ankle MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0046 - Arm MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0047 - Brain MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0049 - Elbow MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0050 - Foot and Foot Joints MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0052 - Knee MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0053 - Lower Extremity MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0054 - Neck, Orbit, and Face MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0055 - Pelvic MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0056 - Shoulder MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0057 - Cervical Spine MRI	12/1/2025	Pennsylvania, Delaware, West Virginia

New Policy	A-0058 - Thoracic Spine MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0059 - Lumbar Spine MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0061 - Wrist MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0062 - Temporomandibular Joint MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0064 - Cholangiopancreatography, MR (MRCP)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0072 - Radionuclide Cystography	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0074 - Renal Cortical Scintigraphy	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0075 - Diuretic Renography	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0077 - Cardiac Radionuclide Angiography (Radionuclide Ventriculography)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0078 - Myocardial Perfusion Imaging, Exercise Stress	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0079 - Myocardial Perfusion Imaging, Pharmacologic Stress	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0080 - Pharmacologic Stress Echocardiography	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0081 - Gastric Emptying Study (Gastric Scintigraphy)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0083 - Hepatobiliary (Gallbladder) Scintigraphy	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0084 - Parathyroid Scan	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0090 - Brain, Single Photon Emission Computed Tomography (SPECT)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0091 - Lung, Single Photon Emission Computed Tomography (SPECT)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0096 - Brain Positron Emission Tomography (PET)	12/1/2025	Pennsylvania, Delaware, West Virginia

New Policy	A-0097 - Myocardial Positron Emission Tomography (PET) and PET-CT	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0098 - Tumor Imaging Positron Emission Tomography (PET) and PET-CT	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0099 - Endoscopic Ultrasound	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0100 - Abdominal Ultrasound	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0102 - Hip Ultrasound	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0103 - Sonohysterography	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0104 - Renal Ultrasound	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0105 - Head and Neck Ultrasound	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0106 - Pelvic Ultrasound, Transabdominal	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0107 - Shoulder Ultrasound	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0108 - Transrectal Ultrasound	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0109 - Pelvic Ultrasound, Transvaginal	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0113 - Stress Echocardiography	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0436 - Arthrography MR	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0437 - Arthrography, CT	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0446 - Chest MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0447 - Hand MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0454 - Scrotal Ultrasound	12/1/2025	Pennsylvania, Delaware, West Virginia

New Policy	A-0470 - Neck CT Angiography (CTA)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0471 - Chest CT Angiography (CTA)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0473 - Upper Extremity CT Angiography (CTA)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0474 - Lower Extremity CT Angiography (CTA)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0475 - Abdominal/Pelvic CT Angiography (CTA)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0482 - Magnetic Resonance Spectroscopy	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0483 - Cardiac CT Angiography (CTA)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0484 - Head CT Angiography (CTA)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0485 - Upper Extremity MR Angiography (MRA)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0537 - Bone Marrow MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0539 - Brain Functional MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0640 - Urography, CT (CT IVP)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0641 - Hip CT Scan	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0642 - Hip MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-0717 - Intravascular Ultrasound (Coronary and Non-Coronary)	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	A-1012 - Hepatic Elastography, MR	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	<a href="#">L-313 - Pharmacogenomic Testing for Psoriasis</a>	1/12/2026	All
New Policy	<a href="#">S-566 - Vocal Cord Paralysis / Insufficiency Treatments</a>	1/12/2026	New York

New Policy	<u>S-566 - Vocal Cord Paralysis / Insufficiency Treatments</u>	12/8/2025	Pennsylvania, Delaware, West Virginia
New Policy	<u>S-771 - Bioengineered Skin and Amniotic Membrane Substitutes</u>	1/5/2026	All
New Policy	<u>X-176 - Coronary Computed Tomography Angiography with Selective Noninvasive Fractional Flow Reserve</u>	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	<u>X-583 - Rarely Utilized Radiation and Oncology Procedures</u>	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	<u>X-584 - Computed Tomography Perfusion Imaging of the Brain</u>	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	<u>X-585 - Three- Dimensional (3-D) Rendering and Reporting of Imaging</u>	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	X-586 - Breast MRI	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	<u>X-587 - Breast Ultrasound</u>	12/1/2025	Pennsylvania, Delaware, West Virginia
New Policy	<u>Y-24 - Respiratory Therapy</u>	1/12/2026	All
New Policy	<u>Z-109 – Site of Care</u>	10/1/2025 Effective 1/1/2026	New York
New Policy	<u>Z-109 – Site of Care</u>	10/1/2025 Effective 1/1/2026	Pennsylvania, Delaware, West Virginia
Criteria Update	<u>E-8 - Patient Lifts</u>	11/10/2025	All
Criteria Update	<u>I-107 - Injectable Collagenase Clostridium Histolyticum (Xiaflex)</u>	11/10/2025	All
Criteria Update	<u>I-220 - Teprotumumab-trbw (Tepezza)</u>	11/17/2025	All
Criteria Update	<u>I-307 - Linvoseltamab-gcpt (Lynozytic)</u>	9/29/2025	All
Criteria Update	<u>I-31 - Tocilizumab (Actemra) and Tocilizumab Biosimilars</u>	10/1/2025	All
Criteria Update	<u>I-33 - Belimumab (Benlysta)</u>	11/10/2025	All
Criteria Update	<u>I-37 - Ustekinumab (Stelara) and Ustekinumab Biosimilars</u>	1/1/2026	All
Criteria Update	<u>I-42 - Zoledronic Acid (Reclast, Zometa)</u>	11/3/2025	All
Criteria Update	<u>I-74 - Pemetrexed (Alimta, Pefexy)</u>	11/10/2025	All
Criteria Update	<u>I-78 - Intravitreal Implants</u>	11/24/2025	All
Criteria Update	<u>I-88 - Granulocyte Colony-Stimulating Factors</u>	11/10/2025	All
Criteria Update	<u>I-94 - Intravitreal Injections</u>	9/29/2025	All

Criteria Update	<u>L-260 - Prostate Specific Antigen</u>	1/12/2026	Delaware
Criteria Update	<u>S-331 - Bariatric Surgery</u>	11/10/2025	All
Criteria Update	<u>Y-20 - Biofeedback</u>	1/12/2026	All
Criteria Update	<u>Z-24 - Miscellaneous Services</u>	11/3/2025	All
Criteria Update	<u>Z-24 - Miscellaneous Services</u>	12/1/2025	New York
Criteria Update	<u>Z-24 - Miscellaneous Services</u>	12/1/2025	Pennsylvania, Delaware, West Virginia
Criteria Update	<u>Z-27 - Eligible Providers</u>	1/1/2026	Delaware
Archiving	A-18 - Ultra-Rapid Opiate Detoxification (UROD)	11/3/2025	All
Archiving	S-249 - Amniotic Membrane and Amniotic Fluid	1/5/2026	All
Archiving	S-33 - Bioengineered Skin	1/5/2026	All
No Change in Coverage	A-1 - Anesthesia Provided in Conjunction with Non-covered Services	11/3/2025	All
No Change in Coverage	D-6 - Dental Services	11/3/2025	All
No Change in Coverage	E-1 - Durable Medical Equipment	11/3/2025	All
No Change in Coverage	E-15 - Diabetic Services, Continuous Glucose Monitoring, and Supplies	11/3/2025	All
No Change in Coverage	E-17 - Portable External Infusion Pump	11/3/2025	All
No Change in Coverage	E-31 - Negative Pressure Wound Therapy Pumps/Vacuum Assisted Closure of Chronic Wounds	11/3/2025	All
No Change in Coverage	E-40 - Functional Neuromuscular Electrical Stimulation and Other Electrical Stimulators	11/3/2025	All
No Change in Coverage	E-68 - High Frequency Chest Wall Oscillation Devices	11/10/2025	All
No Change in Coverage	G-16 - Chemotherapy Services	11/10/2025	All
No Change in Coverage	G-17 - Outpatient Pulmonary Rehabilitation	11/3/2025	All
No Change in Coverage	I-165 - Bezlotoxumab (Zinplava)	11/10/2025	All
No Change in Coverage	I-170 - Siltuximab (Sylvant)	11/10/2025	All
No Change in Coverage	I-172 - Cerliponase Alfa (Brineura)	11/10/2025	All
No Change in Coverage	I-183 - Voretigene Neparvovec-rzyl (Luxturna)	11/17/2025	All
No Change in Coverage	I-19 - Intravenous Antibiotic Therapy for Lyme Disease	11/10/2025	All
No Change in Coverage	I-21 - Trastuzumab (Herceptin), Trastuzumab Biosimilars, and Trastuzumab	11/3/2025	All

	and Hyaluronidase-oysk (Herceptin Hylecta)		
No Change in Coverage	I-245 - Anifrolumab-fnia (Saphnelo)	11/10/2025	All
No Change in Coverage	I-261 - Teplizumab-mzvw (Tzielid)	11/10/2025	All
No Change in Coverage	I-278 - Pozelimab-bbfg (Veopoz)	11/10/2025	All
No Change in Coverage	I-36 - Palonosetron (Aloxi)	11/3/2025	All
No Change in Coverage	I-7 - Erythropoiesis Stimulating Agents	11/10/2025	All
No Change in Coverage	I-8 - Immunizations	11/3/2025	All
No Change in Coverage	L-233 - Liver Fibrosis Tests	11/3/2025	New York
No Change in Coverage	L-288 - Pediatric Panel Testing Guidelines	11/3/2025	New York
No Change in Coverage	L-296 - Genetic Testing for Epilepsy	11/3/2025	New York
No Change in Coverage	S-237 - Discography	11/3/2025	All
No Change in Coverage	S-264 - Acellular Dermal Matrix Grafts	11/10/2025	All
No Change in Coverage	S-268 - Endobronchial Valve Surgery	11/10/2025	All
No Change in Coverage	S-281 – Coronary Revascularization	11/3/2025	All
No Change in Coverage	S-302 - Spinal Decompression, Lumbar	11/17/2025	New York
No Change in Coverage	S-322 - Decompression and Discectomy, Thoracic	11/17/2025	All
No Change in Coverage	S-323 - Microdiscectomy, Lumbar	11/17/2025	All
No Change in Coverage	S-324 - Spinal Fusion, Thoracic and Thoracolumbar	11/17/2025	All
No Change in Coverage	V-21 - Physician Certification and Recertification of Home Health Services	11/3/2025	All
No Change in Coverage	Y-21 - Cognitive Rehabilitation	11/17/2025	All
No Change in Coverage	Y-5 - Vision Therapy (Orthoptics and Pleoptics)	11/17/2025	All
No Change in Coverage	Z-38 - Hospital Admission Provision (Benefits After Contract Termination)	11/3/2025	All

**\*MCG Customized Guidelines will be available on the issue date**

## Medicare Advantage Policy Changes:

Policy Category	Medicare Advantage Policy Number and Title	Anticipated Issue Date	Impacted States
New Policy	<u>MA I-78 - Intravitreal Implants</u>	9/29/2025	All
New Policy	<u>MA Z-109 Site of Care</u>	10/1/2025	New York

		<b>Effective 1/1/2026</b>	
<b>New Policy</b>	<b><u>MA Z-109 Site of Care</u></b>	<b>10/1/2025 Effective 1/1/2026</b>	<b>West Virginia</b>
<b>New Policy</b>	<b><u>MA Z-109 Site of Care</u></b>	<b>10/1/2025 Effective 1/1/2026</b>	<b>Pennsylvania, Delaware</b>
<b>Criteria Update</b>	<b><u>MA I-139 - Ustekinumab (Stelara) and Ustekinumab Biosimilars</u></b>	<b>1/1/2026</b>	<b>All</b>
<b>Criteria Update</b>	<b><u>MA I-170 - Siltuximab (Sylvant)</u></b>	<b>11/10/2025</b>	<b>All</b>
<b>Criteria Update</b>	<b><u>MA I-194 - Tocilizumab (Actemra) and Tocilizumab Biosimilars</u></b>	<b>10/1/2025</b>	<b>All</b>
<b>Criteria Update</b>	<b><u>MA I-314 - Linvoseltamab-gcpt (Lynozytic)</u></b>	<b>9/29/2025</b>	<b>All</b>
<b>Criteria Update</b>	<b><u>MA I-42 - Zoledronic Acid (Reclast, Zometa)</u></b>	<b>11/3/2025</b>	<b>All</b>
<b>Criteria Update</b>	<b><u>MA I-74 - Pemetrexed (Alimta, Pefexy)</u></b>	<b>11/10/2025</b>	<b>All</b>
No Change in Coverage	MA I-107 - Injectable Collagenase Clostridium Histolyticum (Xiaflex)	11/10/2025	All
No Change in Coverage	MA I-165 - Bezlotoxumab (Zinplava)	11/10/2025	All
No Change in Coverage	MA I-172 - Cerliponase Alfa (Brineura)	11/10/2025	All
No Change in Coverage	MA I-183 - Voretigene Neparvovec-rzyl (Luxturna)	11/17/2025	All
No Change in Coverage	MA I-195 - Belimumab (Benlysta)	11/10/2025	All
No Change in Coverage	MA I-226 - Teprotumumab-trbw (Tepezza)	11/17/2025	All
No Change in Coverage	MA I-252 - Anifrolumab-fnia (Saphnelo)	11/10/2025	All
No Change in Coverage	MA I-287 - Pozelimab-bbfg (Veopoz)	11/10/2025	All
No Change in Coverage	MA I-52 - Palonosetron (Aloxi)	11/3/2025	All
No Change in Coverage	MA I-84 - Trastuzumab (Herceptin), Trastuzumab Biosimilars, and Trastuzumab and Hyaluronidase-oysk (Herceptin Hylecta)	11/3/2025	All



## Additional Notifications:

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### **New Criteria: Highmark Has Established New Guidelines for Policy S-771, Skin Substitutes**



Highmark has created a new policy with new guidelines and criteria for S-771 Skin Substitutes. Policies S-33 Bioengineered Skin and S-249 Amniotic membrane are being archived as the policies have been combined on S-771. For diabetic foot ulcers and venous leg ulcers, a preferred and non preferred product list will be utilized.

This Medical Policy will apply to professional providers and/or facility claims. The effective date is January 5, 2026

**Place of Service:**

Please refer to Medical Policy S-771, Skin Substitutes for additional information.

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### **New Criteria: Highmark Has Established a New Policy for Vocal Cord Paralysis/Insufficiency Treatments in New York**



Highmark has established new criteria for Vocal Cord Paralysis/Insufficiency Treatments in New York. This new policy has medically necessary criteria for interventions for vocal cord paralysis/insufficiency.

This new Medical Policy will apply to professional providers and facility claims. The effective date is January 12, 2026.

**Place of Service: Outpatient/Inpatient**

Please refer to Medical Policy S-566 Vocal Cord Paralysis/Insufficiency Treatments, for additional information.

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## New Criteria: Highmark BlueCross BlueShield has established a new policy for Vocal Cord Paralysis/Insufficiency Treatments



Highmark BlueCross BlueShield has established new criteria for Vocal Cord Paralysis/Insufficiency Treatments. This new policy has medically necessary criteria for interventions for vocal cord paralysis/insufficiency.

This new Medical Policy will apply to professional providers and facility claims. The effective date is December 8, 2025.

### Place of Service: Outpatient/Inpatient

Please refer to Medical Policy S-566 Vocal Cord Paralysis/Insufficiency Treatments, for additional information.

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## New Criteria: Highmark Has Established New Criteria for Biofeedback



Highmark has established new criteria for Biofeedback. An experimental/investigational statement has been added for neurofeedback, neurobiofeedback or EEG biofeedback.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is January 12, 2026.

### Place of Service: Inpatient/Outpatient

Please refer to Medical Policy Y-20 Biofeedback, for additional information.

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## New Criteria: Highmark is Establishing New Criteria for Respiratory Therapy



Highmark has established the following new criteria for Y-24, Respiratory Therapy:

Respiratory therapy may be considered medically necessary when **ALL** the following are met:

- The service is performed for the diagnosis and/or treatment of a specific illness or injury, **and**
- The modality, amount, frequency and duration of treatment is consistent with and appropriate for the individual's documented condition; **and**
- There must be an order written by a physician that specifies all respiratory services.

Respiratory therapy services not meeting the criteria as indicated in this policy are considered not medically necessary.

Respiratory therapy is considered **NOT COVERED** for any of the following:

- One-on-one education that provides more information than what is provided during the course of treatment.
- Group therapy that offers generalized education and training.
- Routine exercise without the need for skilled care documented.

This revised Medical Policy will apply to professional providers and/or facility claims. The effective date is January 12, 2026.

**Place of Service: Inpatient/Outpatient**

Please refer to Medical Policy Y-24, Respiratory Therapy, for additional information.

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## New Criteria: Highmark Management of Cardiology and Radiology Imaging Policies and Guidelines



Highmark will be assuming management of cardiology and radiology imaging policies and guidelines effective December 1, 2025. The following list represents the policies and guidelines that will be instituted for Pennsylvania, Delaware, and West Virginia. Any fully adopted policies from MCG are viewable in CGT which can be accessed under the Licensed Criteria on the Medical Policy Search Page.

These medical policies will apply to professional providers and facility claims. The effective date is December 1, 2025.

<b>Policy Number</b>	<b>Policy Title</b>
A-0001	Cardiac Cath and Angiography
A-0006	Renal Angiography
A-0007	Carotid or Cerebral Angiography
A-0014	Ankle CT Scan
A-0015	Arm CT Scan
A-0016	Brain CT Scan
A-0017	Elbow CT Scan
A-0018	Face and Sinuses CT Scan
A-0019	Foot and Foot Joints CT Scan
A-0020	Cardiac CT Scan
A-0021	Lower Extremity CT Scan
A-0022	Neck CT Scan
A-0023	Orbit and Ear CT Scan
A-0025	Cervical Spine CT Scan
A-0026	Thoracic Spine CT Scan
A-0027	Lumbar Spine CT Scan
A-0028	Chest CT Scan
A-0029	Wrist CT Scan
A-0030	Colonography, CT (Virtual Colonoscopy)

A-0031	Myelography, CT
A-0032	Abdominal/Pelvic MR Angiography (MRA)
A-0033	Head MR Angiography (MRA)
A-0034	Neck MR Angiography (MRA)
A-0035	Chest MR Angiography (MRA)
A-0036	Cardiac MR Angiography (MRA)
A-0037	Lower Extremity MR Angiography (MRA)
A-0044	Abdominal MRI
A-0045	Ankle MRI
A-0046	Arm MRI
A-0047	Brain MRI
A-0049	Elbow MRI
A-0050	Foot and Foot Joints MRI
A-0052	Knee MRI
A-0053	Lower Extremity MRI
A-0054	Neck, Orbit, and Face MRI
A-0055	Pelvic MRI
A-0056	Shoulder MRI
A-0057	Cervical Spine MRI
A-0058	Thoracic Spine MRI
A-0059	Lumbar Spine MRI
A-0061	Wrist MRI
A-0062	Temporomandibular Joint MRI
A-0064	Cholangiopancreatography, MR (MRCP)
A-0072	Radionuclide Cystography
A-0074	Renal Cortical Scintigraphy
A-0075	Diuretic Renography
A-0077	Cardiac Radionuclide Angiography (Radionuclide Ventriculography)
A-0078	Myocardial Perfusion Imaging, Exercise Stress
A-0079	Myocardial Perfusion Imaging, Pharmacologic Stress
A-0080	Pharmacologic Stress Echocardiography
A-0081	Gastric Emptying Study (Gastric Scintigraphy)
A-0083	Hepatobiliary (Gallbladder) Scintigraphy
A-0084	Parathyroid Scan
A-0090	Brain, Single Photon Emission Computed Tomography (SPECT)
A-0091	Lung, Single Photon Emission Computed Tomography (SPECT)
A-0096	Brain Positron Emission Tomography (PET)
A-0097	Myocardial Positron Emission Tomography (PET) and PET-CT
A-0098	Tumor Imaging Positron Emission Tomography (PET) and PET-CT
A-0099	Endoscopic Ultrasound
A-0100	Abdominal Ultrasound
A-0102	Hip Ultrasound
A-0103	Sonohysterography
A-0104	Renal Ultrasound

A-0105	Head and Neck Ultrasound
A-0106	Pelvic Ultrasound, Transabdominal
A-0107	Shoulder Ultrasound
A-0108	Transrectal Ultrasound
A-0109	Pelvic Ultrasound, Transvaginal
A-0113	Stress Echocardiography
A-0436	Arthrography MR
A-0437	Arthrography, CT
A-0446	Chest MRI
A-0447	Hand MRI
A-0454	Scrotal Ultrasound
A-0470	Neck CT Angiography (CTA)
A-0471	Chest CT Angiography (CTA)
A-0473	Upper Extremity CT Angiography (CTA)
A-0474	Lower Extremity CT Angiography (CTA)
A-0475	Abdominal/Pelvic CT Angiography (CTA)
A-0482	Magnetic Resonance Spectroscopy
A-0483	Cardiac CT Angiography (CTA)
A-0484	Head CT Angiography (CTA)
A-0485	Upper Extremity MR Angiography (MRA)
A-0537	Bone Marrow MRI
A-0539	Brain Functional MRI
A-0640	Urography, CT (CT IVP)
A-0641	Hip CT Scan
A-0642	Hip MRI
A-0717	Intravascular Ultrasound (Coronary and Non-Coronary)
A-1012	Hepatic Elastography, MR
X-176	Coronary Computed Tomography Angiography with Selective Noninvasive Fractional Flow Reserve
X-583	Rarely Utilized Radiation and Oncology Procedures
X-584	Computed Tomography Perfusion Imaging of the Brain
X-585	Three- Dimensional (3-D) Rendering and Reporting of Imaging
X-586	Breast MRI
X-587	Breast Ultrasound
Z-24	Miscellaneous Services

Please refer to the listed medical policies as indicated for additional information.

## Reminder: Musculoskeletal Coverage Guideline Update



Highmark is providing a reminder to all providers.

The Musculoskeletal coverage guideline will be updated and take effect December 1, 2025. This applies to both professional provider and facility claims.

The updates to the Musculoskeletal guideline are as follows:

Lumbar Fusion (Arthrodesis) Guideline:

Section Name / Policy Name	Section Number	Summary of change
Osteotomy	CMM-609.2	Change made to value for pelvic incidence-lumbar lordosis (PI-LL) from <math><15^\circ</math> to <math>>15^\circ</math> —Correction allows for alignment with PI-LL value for Adult Degenerative Spinal Deformity in sections CMM-609.4 and CMM-609.5

At that time, coverage guidelines can be accessed utilizing the live link from the medical policy website.

If you wish to see the updates prior to the implementation date, please go to eviCore website under the Future tab for Musculoskeletal utilizing the following pathway:

- Provider Resource Center → Policies & Programs → Medical Policies → Medical Policy Search → Licensed Criteria (top blue bar) → EVICORE CLINICAL GUIDELINES (body of page) → Access Guidelines → Select appropriate Musculoskeletal guideline → *Search Health Plan* by typing in Highmark → Click on Highmark and then click on magnifying glass → Click on FUTURE → Click on the chosen Musculoskeletal Guideline

## Reminder: Cardiology & Radiology Coverage Guideline Update



Highmark is providing a reminder to all providers.

The Cardiology & Radiology coverage guideline will be updated and take effect December 1, 2025. This applies to both professional provider and facility claims.

The significant changes to the Cardiology & Radiology guidelines are indicated below:

Breast Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of Change
Breast Ultrasound (BR-1.1)	BR.US.0001.1.A	Removed the sub-bullet about equivocal or occult findings and replaced with "Breast ultrasound (CPT® 76641 or CPT® 76642) is medically

		necessary when requested by the treating provider to complete the screening process, recommended by the radiologist report, OR to address a finding on the mammogram".
MRI Breast Indications (BR-5.1)	BR.ID.0005.1.A	Replaced existing indication regarding breast MRI based on radiologist report recommendation to expand coverage with the new indication being that MRI Breast is medically necessary "when requested by the treating provider to complete the screening process, recommended by the radiologist report, OR to address a finding on the mammogram".
MRI Breast Indications (BR-5.1)	BR.ID.0005.1.A	Information related to BI-RADS™ 3, 4, 5 mammogram and/or ultrasound findings has been removed.

If you wish to see the updates prior to the implementation date, please go to eviCore website under the Future tab for Cardiology & Radiology utilizing the following pathway:

- Provider Resource Center→Policies & Programs→Medical Policies→Medical Policy Search→Licensed Criteria (top blue bar)→EVICORE CLINICAL GUIDELINES (body of page) →Access Guidelines→ Select appropriate Cardiology & Radiology→*Search Health Plan* by typing in Highmark→Click on Highmark and then click on magnifying glass→Click on FUTURE→ Select appropriate guideline.

## 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 [medicalpolicy@highmark.com](mailto:medicalpolicy@highmark.com)

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