

MEDICAL POLICY UPDATE

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Policy Titles	Anticipated Issue Date	30 Day Notification Information
A-0250- Hyperbaric Oxygen	03/17/2025	This is a new MCG guideline for Hyperbaric Oxygen. The policy will publish March 17, 2025.
A-0340 - Intermittent Pneumatic Compression with Extremity Pump	02/01/2025	This is a new MCG guideline. The guideline will publish February 1, 2025.
A-0494 - Spinal Distraction Devices	02/01/2025	This policy will be unpublished on February 1, 2025.
I-40 - Pertuzumab for Treatment of Malignancies	03/17/2025	This policy is up for annual review, there are no indications for a change in coverage at this time. This policy will publish on March 17, 2025.
I-83 - Velcade® (bortezomib)	03/17/2025	This policy is up for annual review, there are no indications for a change in coverage at this time. This policy will publish on March 17, 2025.
MA I-83 - Velcade (bortezomib)	03/17/2025	This policy is up for annual review, there are no indications for a change in coverage at this time. This policy will publish on March 17, 2025.
MA I-115 - Pertuzumab for Treatment of Malignancies	03/17/2025	This policy is up for annual review, there are no indications for a change in coverage at this time. This policy will publish on March 17, 2025.

I-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	02/03/2025	This policy was revised to add the small cell lung cancer expanded indications for Imfinzi and Tevimbra, establish criteria for new to market medications Opdivo Qvantig and Unloxcyt. The policy will publish on February 3, 2025.
I-169 - Trabectedin (Yondelis)	03/17/2025	This policy is up for annual review, there are no indications for a change in coverage at this time. This policy will publish on March 17, 2025.
MA I-169 - Trabectedin (Yondelis)	03/17/2025	This policy is up for annual review, there are no indications for a change in coverage at this time. This policy will publish on March 17, 2025.
I-180 - Chimeric Antigen Receptor T-Cell Therapy	02/03/2025	This policy is being updated with the addition of new to market CAR-T therapy Obecabtagene autoleucel (Aucatzyl). Policy will publish February 3, 2025.
I-223 - sacituzumab govitecan-hziy (Trodelvy)	03/03/2025	This policy is being revised to remove the bladder cancer indication for Trodelvy. The accelerated approval of this indication was removed by the manufacturer in November 2024. Coding is also being updated to remove all associated bladder CA codes. Policy will publish on March 3, 2025.
I-225 - Pertuzumab, trastuzumab, and hyaluronidase-zzxf (Phesgo)	03/17/2025	This policy is up for annual review, there are no indications for a change in coverage at this time. This policy will publish on March 17, 2025.
MA I-232 - Pertuzumab, trastuzumab, and hyaluronidase-zzxf (Phesgo)	03/17/2025	This policy is up for annual review, there are no indications for a change in coverage at this time. This policy will publish on March 17, 2025.
I-280 - Secukinumab (Cosentyx)	03/03/2025	Clarification statement added to policy regarding prior trial(s) of biologic therapy. This policy will publish March 3, 2025.
MA I-289 - Secukinumab (Cosentyx)	03/03/2025	Clarification statement added to policy regarding prior trial(s) of biologic therapy. This policy will publish March 3, 2025.
I-296 - Eladocagene exuparvovec-tneq (Kebilidi)	02/03/2025	Criteria established for new to market, Eladocagene exuparvovec-tneq (Kebilidi). The policy will publish February 3, 2025.
MA I-307 - Eladocagene exuparvovec-tneq (Kebilidi)	02/03/2025	Criteria established for new to market, Eladocagene exuparvovec-tneq (Kebilidi). The policy will publish February 3, 2025.
L-10 - Selected Tests for Rheumatic Diseases	03/10/2025	This policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on March 10, 2025.
L-225 - GI Effects Comprehensive Stool Profile	03/10/2025	This policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on March 10, 2025.
L-308 - Vitamin D Testing	03/03/2025	This is a new policy with medically necessary criteria and prepay edits. Policy will publish on March 3, 2025.

S-28 - Cosmetic Surgery vs. Reconstructive Surgery	04/28/2025	Criteria will be added to the policy regarding reduction mammoplasty. this policy will publish on April 28, 2025.
S-51 - Responsive Neurostimulation for the Treatment of	02/01/2025	This policy is scheduled for annual review. Coding updates have been made. This policy will publish on February 1, 2025
S-201 - Balloon Ostial Dilation of the Sinus and Implantable Sinus Stents	03/03/2025	This policy is due for annual review. Administrative changes made. Separate payment statement removed. Related policy section and professional statements updated. Policy will publish on March 3, 2025.
Z-3 - Hyperbaric Oxygen (HBO) Therapy	03/17/2025	This policy is being archived on March 17, 2025. For services rendered on or after the date of the archived policy, please refer to MCG.
Z-7 - Electrical Nerve Stimulation	02/03/2025	This policy is scheduled for annual review. Coding updates have been made. This policy will publish on February 1, 2025.
Z-100 - Deep Brain Stimulation	02/01/2025	This policy is scheduled for annual review. Coding updates have been made. This policy will publish on February 1, 2025.



Policy

Coverage Guidelines Established for Cosibelimab-ipdl (Unloxcyt) and Nivolumab and hyaluronidase-nvhy (Opdivo Qvantig)



Highmark Blue Cross Blue Shield has established new guidelines for the recently FDA approved cosibelimab-ipdl (Unloxcyt) for the treatment of cutaneous squamous cell carcinoma. Guidelines were also established for the recently approved subcutaneous version of nivolumab, nivolumab and hyaluronidase-nvhy (Opdivo Qvantig).

This revised Medical Policy will apply to professional providers and facility claims. The effective date is February 3, 2025.

Place of Service: Outpatient

Please refer to Medical Policy I-120, Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies, for additional information.

Coverage Criteria Established for Eladocagene Exuparvovec-tneq (Kebilidi)



Highmark Blue Cross Blue Shield has established new criteria for I-296, Eladocagene exuparvovec-tneq (Kebilidi). This is a new policy creating criteria for Kebilidi, a new to market gene therapy indicated for the treatment of adult and pediatric patients with aromatic L-amino acid decarboxylase (AADC) deficiency.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is February 3, 2025.

Place of Service: Inpatient

Please refer to Medical Policy I-296, Eladocagene exuparvovec-tneq (Kebilidi) for additional information.

New Criteria for Medical Policy S-28 Cosmetic vs Reconstructive Surgery



Highmark Blue Cross Blue Shield has established new criteria for S-28, Cosmetic vs Reconstructive Surgery. The updated criteria applies to reduction mammoplasty and the Schnur sliding scale.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is April 28, 2025.

Place of Service:

Please refer to Medical Policy S-28, Cosmetic vs Reconstructive Surgery, 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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