

# MEDICAL POLICY UPDATE

## IN THIS ISSUE

<b>POLICY</b> .....	<b>#</b>
New Policies to be established for February 1, 2025.....	4
New Policies to be established for February 1, 2025.....	4
New MCG Guidelines to be adopted for February 1, 2025.....	5
New MCG Guidelines to be adopted for February 1, 2025.....	5



## Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
A-0013 Abdominal/Pelvic CT Scan	01/01/2025	This guideline has previously published in New York. It will now be extended to PA, WV and DE, this guideline will publish on January 1, 2025.
A-0051 - Cardiac MRI	01/01/2025	This guideline has previously published in New York. It will now be extended to PA, WV and DE, this guideline will publish on January 1, 2025.
A-0579 - Thyroid Carcinoma Metastases Imaging	01/01/2025	This guideline has previously published in New York. It will now be extended to PA, WV and DE, this guideline will publish on January 1, 2025.
A-0087 - Somatostatin Receptor Scintigraphy	01/01/2025	This guideline has previously published in New York. It will now be extended to PA, WV and DE, this guideline will publish on January 1, 2025.
A-0111 - Transthoracic Echocardiography (TTE), Resting	01/01/2025	This guideline has previously published in New York. It will now be extended to PA, WV and DE, this guideline will publish on January 1, 2025.
E-58 - Wearable Cardioverter-Defibrillators	01/06/2025	This is an annual review. The policy position was reorganized. Administrative changes were made. Criteria was updated. This policy will publish on January 6, 2025.

S-331 - Bariatric Surgery	01/06/2025	This is a new policy and will replace G-24. This policy is set to publish January 6, 2025.
G-24 - Obesity	1/06/2025	This policy will be archived. It will be archived on January 6, 2025.
G-25 - Intra-Articular Hyaluronan Injections for Osteoarthritis of the Knee	01/13/2025	This policy is up for annual review. There are no clinical changes in coverage, coding was administratively updated.
MA G-25 - Hyaluronan Acid Therapies for Osteoarthritis	01/13/2025	This policy is up for annual review. There are no clinical changes in coverage, coding was administratively updated.
I-11 - Chemodenervation - Botulinum Toxin	01/13/2025	This policy is up for annual review. There are no indications for a change in coverage,
I-20 - Immune Prophylaxis for Respiratory Syncytial Vir	01/13/2025	This policy is scheduled for annual review. There are no indications for change in coverage.
I-27 – Certolizumab (Cimzia)	01/06/2025	This policy is being revised to capture the new FDA expanded indication for Cimzia for the treatment of active pJIA in patients 2 years of age and older.
I-29 - Pegloticase (Krystexxa™)	01/13/2025	This policy is up for annual review. The reauthorization criteria was updated in accordance with the package insert.
MA I-29 - Pegloticase (Krystexxa)	01/13/2025	This policy is up for annual review. There are no clinical changes in coverage, coding was administratively updated.
I-58 - Enzyme Replacement Therapies	01/20/2025	This policy is scheduled for annual review. There is no indication for change in coverage.
I-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	12/02/2024	This policy has been updated to establish criteria for the new FDA approved expanded indication for Opdivo for adult individuals with NSCLC in the neoadjuvant setting.
MA I-134 - Enzyme Replacement Therapies	01/13/2025	This policy is scheduled for annual review. There is no indication for change in coverage.
I-146 - Monoclonal Antibodies for the Treatment of Asthma and Eosinophilic Conditions	12/02/2024	This policy was revised to establish criteria for the FDA expanded indication of eosinophilic granulomatosis with polyangiitis (EGPA) for Fasenra.
MA I-184 – Certolizumab (Cimzia)	01/06/2025	Policy revised to capture the diagnosis codes for the new FDA expanded indication for Cimzia for the treatment of active pJIA in patients 2 years of age and older.
I-199 - Interleukin-23 Antagonists (Illumya SC and Skyrizi IV)	01/01/2025	This policy is being revised to establish criteria for Tremfya IV.

MA I-199 - Interleukin-23 Antagonists (Ilumya SC and Skyrizi IV)	01/01/2025	Tremfya IV added to policy.
I-238 - Evinacumab-dgnb (Evkeeza)	01/20/2025	This policy is up for annual review. There are no indications for a change in coverage.
MA I-245 – Evinacumab-dgnb (Evkeeza)	01/20/2025	This policy is up for annual review. There are no indications for a change in coverage.
I-250 - Inclisiran (Leqvio)	01/20/2025	This policy is up for annual review. There are no indications for a change in coverage.
MA I-262 - Inclisiran (Leqvio)	01/20/2025	This policy is up for annual review. There are no indications for any changes.
I-268 - Tofersen (Qalsody)	01/30/2024	This policy is scheduled for annual review. There is no indication for change in coverage.
I-276 - Elranatamab-bcmm (Elrexio)	01/13/2025	This policy is scheduled for annual review. There are no indications for change in coverage.
L-28 - Tumor Markers	01/01/2025	This is an annual review. There are no changes recommended. DE will have a mandate update. The policy will publish on January 1, 2025.
L-32 - Laboratory Studies for Diagnosing and Managing Inflammatory Bowel	01/06/2025	This is an annual review. Administrative changes were made. The policy will publish on January 6, 2025.
M-34 - Electroencephalogram	12/30/2024	This is an annual review. There are no recommended changes to criteria. This policy will publish December 30, 2024.
R-15 - Selective Internal Radiation Therapy (SIRT)	01/06/2025	This policy is up for annual review. There are no indications for a change in coverage
R-58 - Ibritumomab tiuxetan (Zevalin)	01/06/2025	This policy is up for annual review. There are no indications for a change in coverage. Coding was updated based on NCCN recommendations.
R-94 - Lutetium Lu 177 dotatate (Lutathera)	01/06/2025	This policy is up for annual review. There are no indications for a change in coverage. Coding was updated based on NCCN recommendations.
R-102 - Iobenguane I-131 (Azedra)	01/13/2025	This policy is up for annual review. There are no indications for a change in coverage.
R-103 - Lutetium Lu 177 Vipivotide Tetraxetan (Pluvicto)	01/13/2025	This policy is up for annual review. There are no indications for a change in coverage.
R-104 - Radium-223 (Xofigo)	01/13/2025	This policy is up for annual review. There are no indications for a change in coverage. Coding was updated to NCCN recommendations.
S-28 - Cosmetic Surgery vs. Reconstructive Surgery	01/01/2025	This policy is publishing in New York due to the addition of a mandate.

S-265 – Orthopedic Applications of Platelet-Rich Plasma	01/06/2025	This is an annual review. There is no change in coverage. The policy will publish on January 6, 2025.
U-5 - Assisted Fertilization	12/30/2024	This is an annual review. Revisions were made for the definition of infertility.



## Policy

### New Policies to be established for February 1, 2025



Highmark Blue Shield has established new policies beginning February 1, 2025.

Policy Number	Location	Title
S-283	HMK	Diagnosis and Treatment of Sacroiliac Joint Pain
S-284	HMK	Ankle Arthroscopy
S-285	HMK	Spinal Cord and Dorsal Root Ganglion Stimulation
S-322	HMK	Decompression and Discectomy, Thoracic
S-323	HMK	Microdiscectomy, Lumbar
S-324	HMK	Spinal Fusion, Thoracic and Thoracolumbar

These new policies will apply to professional providers and/or facility claims. The effective date is February 1, 2025.

### New Policies to be established for February 1, 2025



Highmark Blue Shield has established new policies beginning February 1, 2025.

Policy Number	Location	Title
S-338	Surgery	Eye Prosthesis
S-337	Surgery	Arthrodesis, Intrapalangeal Joint
S-336	Surgery	Hallux Rigidus Correction
S-335	Surgery	Corpectomy, Vertebral
S-334	Surgery	Repair, Metatarsal
S-333	Surgery	Osteotomy, Metatarsal
S-332	Surgery	Osteotomy, Lumbar

These new Medical Policies will apply to professional providers and/or facility claims. The effective date is February 1, 2025.

---

## New MCG Guidelines to be adopted for February 1, 2025



Highmark Blue Shield plans to adopt the following guidelines from MCG beginning February 1, 2025.

<b>Policy Number</b>	<b>Location</b>	<b>Title</b>
S-320	MCG	Cervical Fusion, Anterior
S-330	MCG	Cervical Fusion, Posterior
S-340	MCG	Cervical Laminectomy

This adoption of MCG Guidelines will apply to professional providers and/or facility claims. The effective date is February 1, 2025.

---

## New MCG Guidelines to be Adopted for February 1, 2025



Highmark Blue Shield plans to adopt the following guidelines from MCG beginning February 1, 2025.

<b>Policy Number</b>	<b>Location</b>	<b>Title</b>
S-495	MCG	Foot, Surgical Wound Care
S-260	MCG	Bunionectomy
S-210	MCG	Bladder: Transurethral Destruction of Lesion
S-370	MCG	Cholecystectomy with Common Duct Exploration
S-371	MCG	Cholecystectomy with Common Bile Duct Exploration by Laparoscopy
S-360	MCG	Cholecystectomy
S-830	MCG	Lumbar Laminectomy
A-0340	MCG	Intermittent Pneumatic Compression with Extremity Pump

This adoption of MCG Guidelines will apply to professional providers and/or facility claims. The effective date is February 1, 2025.



## 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)



eSubscribe



## About this Newsletter

*Medical Policy Update* is a monthly newsletter for the health care providers who participate in our networks and submit claims to Highmark using the appropriate HIPAA transactions or claim forms as required by Highmark. This publication focuses only on medical policy and claims administration updates, including coding guidelines and procedure code revisions, and is the sole source for this information. For all other news, information, and updates, be sure to read *Provider News*, available on the Provider Resource Center.

---

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield. All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

*Note: This publication may contain certain administrative requirements, policies, procedures, or other similar requirements of Highmark Inc. (or changes thereto) as well as interpretations of certain administrative requirements, policies and procedures (hereinafter collectively “requirements”) which are binding upon Highmark Inc. and its contracted providers. Therefore, the requirements in this publication supplement the Provider Manual. Pursuant to their contract, Highmark Inc. and such providers must comply with any requirements included herein unless and until such item(s) are subsequently modified in whole or in part.*