

MEDICAL POLICY UPDATE

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Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
A-0174 - Saphenous Vein Ablation, Radiofrequency	06/09/2025	This customized MCG guideline was scheduled for annual review and has been revised to include medically necessary criteria for perforator vein radiofrequency ablation.
E-20 - Devices Used for the Treatment of Obstructive Sleep Apnea in Adults	06/09/2025	Policy is due for annual review. Minor administrative changes made. Coding updated. Related policy for reimbursement added.
E-6 - Wheelchairs (WC) and Options/Accessories	06/02/2025	Policy is due for annual review. Minor administrative changes made. Related policy for reimbursement added.
I-100 - Cetuximab (Erbix)	06/02/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated per NCCN recommendations.
I-109 - Irinotecan (Camptosar)	06/02/2025	This policy is up for annual review. There are no indications for a change in coverage at

		this time. Coding was updated per NCCN recommendations.
I-112 - Ziv-aflibercept (Zaltrap)	06/09/2025	This policy is up for annual review. There are no indications for a change in coverage at this time.
I-113 - Ado-trastuzumab emtansine (Kadcyla)	06/02/2025	This policy is up for annual review with no indications for a change in coverage at this time.
I-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	04/28/2025	This policy is being updated to capture Tevimbra's expanded indication for first line treatment of unresectable or metastatic esophageal squamous cell carcinoma.
I-123 - Fulvestrant (Faslodex)	06/09/2025	This policy is up for annual review. There are no indications for a change in coverage at this time.
I-130 - Complement Inhibitors	04/28/2025	This policy has been updated to capture updated FDA approved age range for Soliris for treatment of myasthenia gravis for patients 6 and older.
I-146 - Monoclonal Antibodies for the Treatment of Eosinophilic Conditions	04/28/2025	This policy is being revised to include both relapsing and refractory EGPA as approval criteria for Fasenra.
I-148 - Ramucirumab (Cyramza)	06/16/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated per NCCN recommendations.
I-199 - Interleukin-23 Antagonists (Ilumya SC and Skyrizi IV)	04/28/2025	This policy is being updated to capture the FDA expanded indication for Tremfya.
I-201 - Treatment of Transthyretin-Mediated Amyloidosis	04/28/2025	This policy is being updated to include the expanded indication for Amvuttra for treatment of cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis.
I-207 - Tagraxofusp-erzs (Elzonris)	06/16/2025	This policy is up for annual review. There are no indications for a change in coverage at this time.
I-223 - Sacituzumab govitecan-hziy (Trodelvy)	06/02/2025	This policy is up for annual review. There are no indications for a change in coverage at this time.
I-235 - Margetuximab-cmkb (Margetenza)	06/02/2025	This policy is up for annual review. Criteria language modification for better consistency with FDA label.
I-240 - Loncastuximab Tesirine-lpyl (Zynlonta)	06/02/2025	This policy is up for annual review with coding updates for current NCCN recommendations.
MA I-243 Margetuximab-cmkb (Margetenza)	06/02/2025	This policy is up for annual review with no indications for a change in coverage at this time.
MA I-249 - Loncastuximab tesirine-lpyl (Zynlonta)	06/02/2025	This policy is up for annual review with coding updates for current NCCN recommendations.

I-249 - Pennsylvania Cancer Treatment Mandate	06/09/2025	This policy is up for annual review. There are no indications for a change in coverage at this time.
I-263 - Mirvetuximab soravtansine-gynx (Elahere)	06/16/2025	This policy is up for annual review. There are no indications for a change in coverage at this time.
I-269 - Delandistrogene moxeparvovec (Elevidys)	04/28/2025	This policy is up for annual review. The policy is being revised to increase the maximum age limit to eight years old based on the results of recent clinical trials.
I-299 - Remestemcel-L-rknd (Ryoncil)	06/02/2025	Policy established for new to market Ryoncil.
I-31 - Tocilizumab (Actemra)	04/28/2025	This policy is being updated to capture the FDA expanded indication for Tyenne for treatment of Cytokine Release Syndrome.
I-79 - Plerixafor (Mozobil)	06/02/2025	This policy is up for annual review with coding updated to current NCCN recommendations.
I-98 - Bendamustine (Treanda, Bendeka, Belrapzo)	06/02/2025	This policy is up for annual review with coding updates for current NCCN recommendations.
L-260 - Prostate Specific Antigen	06/02/2025	Policy is scheduled for annual review. Additional criteria added for coverage. Coding Updated. Minor administrative changes made. No change to the mandates for DE and NY. Updated professional guidelines.
L-42 - Rapid Platelet Function Assay - ASA	06/09/2025	This is an annual review. Administrative changes have been made. There is no change in coverage.
M-18 - Cardiac Ablation Procedures	06/09/2025	This is an annual review. Pulsed field ablation was added to the policy. Coding was updated. Administrative changes were made.
M-85 - Electromagnetic Navigational Bronchoscopy (ENB)	06/09/2025	Policy is due for annual review. Coding updated. Prepayment edits added to the operational guidelines.
M-91 - Supplementary Alog. Card. MRI	06/16/2025	This is a new policy. for Supplementary Algorithm for Cardiac MRI.
MA I-112 - Ziv-aflibercept (Zaltrap)	06/09/2025	This policy is up for annual review. There are no indications for a change in coverage at this time.
MA I-113 - Ado-trastuzumab emtansine (Kadcyla)	06/02/2025	This policy is up for annual review with no indications for a change in coverage at this time.
MA I-123 - Fulvestrant (Faslodex)	06/09/2025	This policy is up for annual review. There are no indications for a change in coverage at this time.
MA I-148 - Ramucirumab (Cyramza)	06/16/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated per NCCN recommendations.

MA I-194 - Tocilizumab (Actemra)	04/28/2025	This policy is being updated to capture coding updates for the FDA expanded indication for Tysse for treatment of Cytokine Release Syndrome.
MA I-199 - Interleukin-23 Antagonists	04/28/2025	This policy is being updated to capture the FDA expanded indication for Tremfya.
MA I-201 - Treatment of Transthyretin-Mediated Amyloidosis	04/28/2025	This policy is being updated to include the expanded indication for Amvuttra for treatment of cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis.
MA I-207 - Tagraxofusp-erzs (Elzonris)	06/16/2025	This policy is up for annual review. There are no indications for a change in coverage at this time.
MA I-229 - Sacituzumab Govitecan-hziy (Trodelyv)	06/02/2025	This policy is up for annual review. There are no indications for a change in coverage at this time.
MA I-24 - Irinotecan (Camptosar)	06/02/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated per NCCN recommendations.
MA I-273 - Mirvetuximab soravtansine-gynx (Elahere)	06/16/2025	This policy is up for annual review. There are no indications for a change in coverage at this time.
MA I-55 - Bendamustine (Treanda, Bendeka, Belrapzo)	06/02/2025	This policy is up for annual review with coding updates for current NCCN recommendations.
MA I-69 - Cetuximab (Erbix)	06/02/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated per NCCN recommendations.
MA I-79 - Plerixafor (Mozobil)	06/02/2025	This policy is up for annual review with coding updated to current NCCN recommendations.
P-1 - Foot Care Services	06/09/2025	This policy is scheduled for an annual review. The language has been updated. There is no change to criteria.
S-122 - Heart Transplant	06/02/2025	This policy is scheduled for annual review. Administrative updates were made with no change to criteria.
S-145 - Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease	06/09/2025	This policy was scheduled for annual review. This policy has been revised to include medical necessity criteria for laparoscopically implantable magnetic esophageal rings. Administrative changes were made.
S-226 - Placental/Umbilical Cord Blood as a Source of Stem Cells	06/02/2025	This is an annual review. There are criteria that has been added for Primary Central Nervous System Lymphoma.
S-233 - Magnetic Esophageal Ring to Treat Gastroesophageal Reflux Disease (LINX®)	06/09/2025	This policy will be achieved. For services rendered on or after the archived date of this policy, please refer to Medical Policy S-145,

		Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease.
S-272 - Hematopoietic Cell Transplantation: Blood Cancers	06/02/2025	This is an annual review. There are no recommended changes.
S-274 - Hematopoietic Cell Transplantation: Non-Cancer Diseases	06/02/2025	This is an annual review. There are no recommended changes to coverage criteria.
S-278 - Cardiac Contractility Modulation Therapy	06/02/2025	This policy is scheduled for annual review. There were no changes to criteria.
S-344 - TTVR	06/16/2025	This is a new policy for Transcatheter Tricuspid Valve Procedures.
S-55 - Surgical Treatment of Varicose Veins	06/09/2025	This policy was scheduled for annual review. Administrative changes were made.
S-557 - Spider Veins, Treatment	06/09/2025	This is an annual review. There is no change in coverage.
V-37 - Autism Spectrum Disorders	08/04/2025	This policy is scheduled for Annual Review. Criteria updates have been made.
Z-101 - CHIP - Medical Necessity Definition	06/09/2025	This is an annual review. There are no changes to the policy.
Z-103 - Coverage with Evidence Development	06/16/2025	Policy scheduled for annual review. Removal of the vital language since that is no longer applicable.
Z-11 - Definition of Medical Necessity	06/09/2025	This policy has been scheduled for an annual review. There are no changes to the policy.
Z-29 - Hypnosis	06/09/2025	This is an annual review. There is no change in coverage.
Z-46 - Blood and Bone Marrow Storage	06/09/2025	This is an annual review. There is no change in coverage.



New Criteria: Highmark Blue Cross Blue Shield has established new criteria for Applied Behavioral Analysis (ABA) Services



Highmark Blue Cross Blue Shield has established new criteria for Applied Behavioral Analysis (ABA) Services. A new section was added to the policy.

This revised Medical Policy will apply to professional providers. The effective date is August 4, 2024.

Place of Service: Outpatient

Please refer to Medical Policy V-37, Autism Spectrum Disorders, for additional information.

New Criteria: Highmark Blue Cross Blue Shield has established new criteria for Remestemcel-L-rknd (Ryoncil)



Highmark Blue Cross Blue Shield has established new criteria for I-299, Remestemcel-L-rknd (Ryoncil). This is a new policy creating criteria for Ryoncil, a new mesenchymal stromal cell therapy indicated for the treatment of steroid-refractory acute graft versus host disease in pediatric patients 2 months of age and older.

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

Place of Service: Inpatient/ Outpatient

Please refer to Medical Policy I-299, Remestemcel-L-rknd (Ryoncil) for additional information.

Revised Criteria: Highmark Blue Cross Blue Shield has revised the criteria for Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease



Highmark Blue Cross Blue Shield has revised criteria for transesophageal endoscopic therapies for the treatment of gastroesophageal reflux disease. Coverage criteria has been added for a laparoscopically implantable magnetic esophageal ring.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is June 9, 2025.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy S-145, Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease, for additional information.

Reminder: Musculoskeletal Coverage Guideline Update



Highmark Blue Cross Blue Shield is providing a reminder to all providers.

The Cardiology and Radiology coverage guideline will be updated and take effect June 15, 2025. This applies to both professional provider and facility claims.

The updates to the Cardiology and Radiology guideline are as follows:

The significant changes are indicated below and affect:

- General Oncology Guidelines
- Spine Guidelines
- Pediatric and Special Populations Oncology Imaging Guidelines

To see any further editorial updates, follow the pathway provided below.

General Oncology Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of Change
Low Grade Gliomas	ONC-2.2	Updated surveillance timeframes by grade and performance status
High Grade Gliomas	ONC-2.3	Updated timeframe of imaging following radiation therapy. Updated surveillance imaging timeframe.
Meningiomas (Intracranial and Intraspinal)	ONC-2.8	Added dotatate PET/CT for evaluation of inconclusive MRI or CT to confirm diagnosis

Meningiomas (Intracranial and Intraspinal)	ONC-2.8	Updated surveillance timeframes
Non-Melanoma Skin Cancers - Surveillance/Follow-up	ONC-5.8	Expanded indications for surveillance of Merkel cell cancer
Ocular Melanoma	ONC-5.9	Expanded surveillance timeframe for medium risk and high risk disease
Non-Small Cell Lung Cancer - Initial Work-up/Staging	ONC-8.3	Updated to allow PET/CT for initial staging of all individuals with newly diagnoses NSCLC
Non-Small Cell Lung Cancer - Initial Work-up/Staging	ONC-8.3	Updated brain imaging to include stage IB disease
Non-Small Cell Lung Cancer - Surveillance/Follow-up	ONC-8.5	Updated timeframes for restaging. Reworded indications, for clarity.
Esophageal and GE Junction Cancer - Restaging/Recurrence	ONC-9.3	Added option of including pelvis in CT imaging if there are signs/symptoms of pelvic involvement or known pelvic involvement
Esophageal and GE Junction Cancer - Restaging/Recurrence	ONC-9.3	Updated to state PET/CT after primary chemoradiation therapy no sooner than 5 weeks post completion of rad therapy, instead of 8 weeks.
Breast Cancer - Initial Work-up/Staging	ONC-11.2	Updated criteria to allow MRI Breast in all newly diagnosed breast cancer or ductal carcinoma in situ.
Breast Cancer - Initial Work-up/Staging	ONC-11.2	Updated PET criteria indications to include stage III N2 disease, T4 disease, and inflammatory breast cancer.
Breast Cancer - Initial Work-up/Staging	ONC-11.2	Added criteria to allow approval of sodium fluoride PET/CT for evaluation of bone pain if all other imaging modalities are inconclusive for bone metastasis
Breast Cancer - Restaging/Recurrence	ONC-11.3	Added criteria to allow approval of sodium fluoride PET/CT if all other imaging modalities are inconclusive for bone metastasis
Soft Tissue Sarcomas - Initial Work-up/Staging	ONC-12.2	Updated initial staging to allow imaging with CT Chest and MRI of involved area for all individuals. Added additional histologies to list of indications for abdomen/pelvis imaging.
Soft Tissue Sarcomas - Initial Work-up/Staging	ONC-12.2	Added brain imaging in initial staging of specific histologies.
Soft Tissue Sarcomas - Initial Work-up/Staging	ONC-12.2	Added bone scan for additional imaging in initial work-up of leiomyosarcoma
Soft Tissue Sarcomas - Initial Work-up/Staging	ONC-12.2	Added additional indications for the use of PET/CT in initial staging
Soft Tissue Sarcomas - Restaging/Recurrence	ONC-12.3	Additional criterion added for baseline end of therapy evaluation with imaging mirroring that of initial work-up.
Soft Tissue Sarcomas - Surveillance/Follow-up	ONC-12.4	Surveillance imaging timeframe for retroperitoneal, angiosarcoma, and epithelioid sarcoma updated to allow every 3 month imaging for the first 3 years. Timeframe for surveillance of desmoid tumors updated to allow imaging every 3 months for the first three years, then every 6-12 months.
Bone Sarcomas - Restaging/Recurrence	ONC-12.7	Added indication and imaging of suspected recurrence of atypical cartilaginous tumor

Bone Sarcomas - Surveillance/Follow-up	ONC-12.8	Updated surveillance to include grade I chondrosarcoma and low grade extracompartmental appendicular tumors in the more frequent imaging timeframe. Updated timeframe of imaging intra-compartmental chondrosarcoma to allow imaging range of 6-12 months
Benign Bone Tumors - Surveillance/Follow-up	ONC-12.12	Updated surveillance imaging timeframe for GCTB to allow timeframe range of 6-12 months
Pancreatic Cancer - Screening Studies for Pancreatic Cancer	ONC-13.1	EPCAM and TP53 gene mutations were added under indications for screening of individuals with family history of pancreatic cancer. BRCA2 and ATM were removed from this list and placed into their own screening indications as family history is not required to initiate screening in these individuals.
Pancreatic Cancer - Screening Studies for Pancreatic Cancer	ONC-13.1	Added allowance for screening of individuals with CDKN2A mutation or Peutz-Jeghers syndrome to begin 10 years earlier than the youngest affected family member, if family history exists
Pancreatic Cancer - Initial Work-up/Staging	ONC-13.3	Added additional indications for PET/CT imaging
Pancreatic Cancer - Restaging/Recurrence Pancreatic Cancer - Surveillance/Follow-up	ONC-13.4 ONC-13.5	Added option of using MRI for abdominal imaging
Pancreatic Cancer - Restaging/Recurrence	ONC-13.4	Added option of PET/CT for inconclusive findings on conventional imaging
Pancreatic Cancer - Restaging/Recurrence	ONC-13.4	Updated indication to allow imaging after neoadjuvant therapy, not specifically only chemoradiation
Gastrointestinal/Pancreatic Neuroendocrine Cancers - Suspected/Diagnosis, Initial Work-up/Staging, Restaging/Recurrence Bronchopulmonary or Thymic Carcinoid - Initial Staging, Restaging/Recurrence Adrenal Tumors - Initial Work-up/Staging, Restaging/Recurrence	ONC-15.2 ONC-15.3 ONC-15.4 ONC-15.6 ONC-15.7 ONC-15.10 ONC-15.11	Updated to allow option of dotatate PET/MRI where PET/CT is currently offered.
Gastrointestinal/Pancreatic Neuroendocrine Cancers - Suspected/Diagnosis	ONC-15.3	Initial work up updated to allow dotatate PET and diagnostic CT or MRI for specific types of neuroendocrine tumors
Gastrointestinal/Pancreatic Neuroendocrine Cancers - Restaging/Recurrence	ONC-15.4	MRI added as option for imaging of unresectable/metastatic disease on treatment.
Gastrointestinal/Pancreatic Neuroendocrine Cancers - Restaging/Recurrence	ONC-15.4	Added imaging with dotatate PET for any suspected recurrence. Thus, imaging for inconclusive CT or MRI is updated to reflect use of Octreotide scan if PET is not available.
Gastrointestinal/Pancreatic Neuroendocrine Cancers - Surveillance	ONC-15.5	Updated size of appendix carcinoid for which surveillance imaging is not routinely indicated - from ≤ 2 to < 1
Gastrointestinal/Pancreatic Neuroendocrine Cancers - Surveillance	ONC-15.5	Surveillance imaging timeframes updated; added option of MRI imaging to stomach, large and small intestine neuroendocrine tumors.
Bronchopulmonary or Thymic Carcinoid - Initial Staging, Restaging/Recurrence	ONC-15.6 ONC-15.7	Updated to allow option of MRI imaging instead of CT abdomen

Bronchopulmonary or Thymic Carcinoid - Surveillance	ONC-15.8	Added additional option of imaging CT Abdomen with contrast. Updated surveillance timeframes. Added CT Chest imaging for measurable metastatic disease on maintenance therapy.
Bronchopulmonary or Thymic Carcinoid - Surveillance	ONC-15.8	Added additional indication for imaging of asymptomatic lung or thymus distant metastasis on observation alone.
Adrenal Tumors - Initial Work-up/Staging	ONC-15.10	Additional imaging indication added - hypercortisolemia with additional risk factors
Adrenal Tumors - Restaging/Recurrence	ONC-15.11	Additional indications added for FDG PET/CT
Adrenal Tumors - Restaging/Recurrence	ONC-15.11	Additional indication for dotate PET added (to assess candidacy for PRRT)
Adrenocortical Carcinoma	ONC-15.13	Added option of FDG PET/CT for initial imaging of adrenocortical carcinoma. Removed mention of solitary adrenal mass >4 cm under other indications for PET as this study is now offered to all for initial staging.
Transitional Cell Cancer - Initial Work-up/Staging	ONC-18.2	Updated criteria to allow MRI Pelvis to be performed as additional imaging in initial staging of sessile or high-grade tumors
Transitional Cell Cancer - Initial Work-up/Staging	ONC-18.2	Added criteria to allow approval of bone scan, MRI, or PET/CT for evaluation of suspected bone metastasis in select clinical circumstances.
Transitional Cell Cancer - Restaging/Recurrence	ONC-18.3	Added additional indication for CT Chest imaging - known prior or suspected muscle invasive disease, as this aligns with the imaging recommended for initial staging.
Transitional Cell Cancer - Surveillance/Follow-up	ONC-18.4	Updated surveillance timeframes and imaging - now indicating a timeframe range, as well as allowing for the choice of CTU or MRU (imaging as performed in initial staging). Updated low grade surveillance to allow one-time baseline imaging at the end of therapy.
Prostate Cancer - Initial Work-up/Staging	ONC-19.2	Updated to allow option of MRI imaging of the Pelvis for metastatic prostate cancer
Prostate Cancer - Initial Work-up/Staging Prostate Cancer - Restaging/Recurrence	ONC-19.2 ONC-19.3	For inconclusive bone scan, the indicated subsequent imaging was updated to include PET/CT or PET/MRI. Sodium fluoride radiotracer included as option.
Prostate Cancer - Restaging/Recurrence	ONC-19.3	Updated restaging indications to include imaging for individuals with an increase in PSA to 0.1 ng/mL or higher; individuals with undetectable PSA that become detectable, or persistent detectable PSA after prostatectomy. Also updated indicated imaging to include PET/MRI
Prostate Cancer - Restaging/Recurrence	ONC-19.3	Added option of pelvic imaging with MRI to restaging while on chemotherapy or anti-androgen therapy
Testicular, Ovarian and Extragenital Germ Cell Tumors - Surveillance	ONC-20.3	MRI imaging options added for surveillance of seminomas and non-seminomas. Updated timeframe of surveillance imaging for non-seminomas
Testicular, Ovarian and Extragenital Germ Cell Tumors - Surveillance	ONC-20.3	Updated surveillance of stage II-III NSGCT with complete response to include chest imaging for symptoms of thoracic disease
Uterine Cancer - Initial Work-Up/Staging	ONC-22.2	Chest imaging criteria updated to allow for CT for new or worsening pulmonary symptoms in addition to findings on chest x-ray

Uterine Cancer - Initial Work-Up/Staging	ONC-22.2	Added lymph system imaging to initial staging studies for surgical staging or high risk histologies
Cervical Cancer - Surveillance	ONC-23.4	Increased surveillance timeframe range for stage I disease to include imaging for up to 3 years
Multiple Myeloma and Plasmacytomas - Initial Work-Up/Staging	ONC-25.2	Updated to allow option of PET/CT for initial imaging of any confirmed or suspected myeloma, initial imaging of known or suspected POEMS, or known or suspected systemic light chain amyloidosis.
Multiple Myeloma and Plasmacytomas - Initial Work-Up/Staging Multiple Myeloma and Plasmacytomas - Restaging/Recurrence	ONC-25.2 ONC-25.3	Updated imaging used to discern smoldering myeloma from active myeloma to allow whole body MRI.
Multiple Myeloma and Plasmacytomas - Initial Work-Up/Staging	ONC-25.2	Updated to allow additional imaging based on suspected organ involvement in the initial work-up of suspected or known systemic light chain amyloidosis
Multiple Myeloma and Plasmacytomas - Restaging/Recurrence	ONC-25.3	Updated to allow whole-body MRI for imaging of extra-osseous plasmacytoma response to initial therapy
Multiple Myeloma and Plasmacytomas - Restaging/Recurrence	ONC-25.3	Updated imaging for stem cell transplant recipients to allow whole-body MRI
Multiple Myeloma and Plasmacytomas - Surveillance	ONC-25.4	Updated surveillance imaging to include whole-body MRI or whole-body PET/CT, using same imaging modality as performed at diagnosis, annually. Clarified that end of surveillance timeframe (at 5 years) applies only to solitary plasmacytomas.
Diffuse Large B Cell Lymphoma (DLBCL)	ONC-27.2	Separated treatment response indications to allow more frequent timeframe for restaging in stage II disease with extensive mesenteric disease and stages III-IV
Marginal Zone Lymphomas	ONC-27.4	Specific criteria for approval of PET/CT in suspected recurrence added
T Cell Lymphomas	ONC-27.8	Added MRI Orbits/face/neck for t-cell lymphoma of nasal cavity, oropharynx, or nasopharynx
Waldenström Macroglobulinemia or Lymphoplasmacytic Lymphoma	ONC-27.10	Added PET/CT for initial staging/diagnosis of all individuals
General Considerations for Stem Cell Transplant	ONC-29.1	Added additional criteria for approval of CT Chest imaging in the immediate pre-transplant period (any individual prior to undergoing allogeneic transplant). Clarified that CT of other body areas is not indicated without clinical signs or symptoms of involvement.
Bone (Including non-Vertebral) Metastases	ONC-31.5	Added indication for imaging with either CTs or PET in individuals age 40 or older with symptomatic bone lesions and abnormal x-ray
Spinal/Vertebral Metastases	ONC-31.6	Reworded severe pain criteria to state "and/or rapidly" worsening. Removed mention of conservative treatment.
Extrathoracic Small Cell and Large Cell Neuroendocrine Tumors	ONC-31.8	Added option of imaging the abdomen and pelvis with MR in all phases.

Spine Guidelines

Section Name	Section Number/Policy Number	Summary of Change
Red Flag Indications - Cancer	SP-1.2	Removed timeframe for treatment with clinical suspicion of spinal malignancy and severe and/or worsening spinal pain to provide clarity in the guidelines

Pediatric and Special Populations Oncology Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of Change
Neurofibromatosis 1 and 2 (NF1 and NF2)	PEDONC-2.9	Updated timeframe for MRI imaging from every 3 years to annually
Acute Lymphoblastic Leukemia (ALL)	PEDONC-3.2	Added criteria to allow CT head for urgent concerns where MRI would delay care (i.e., suspected CNS bleed)
CNS High Grade Gliomas (HGG)	PEDONC-4.3	Added option of using whole spine imaging if requested for baseline following resection or for end of radiotherapy assessment
CNS High Grade Gliomas (HGG)	PEDONC-4.3	Added option of additional MR perfusion or MR spectroscopy if requested for surveillance
CNS High Grade Gliomas (HGG)	PEDONC-4.3	Updated surveillance imaging timeframe
Medulloblastoma (MDB), Other CNS Embryonal Tumors, and Pineoblastoma	PEDONC-4.4	Updated to include MRI spine without and with contrast for postoperative evaluation if spinal disease was resected
Pediatric Aggressive Mature B-Cell Non-Hodgkin Lymphomas (NHL)	PEDONC-5.3	Added repeat PET or CTs to follow up Deauville 4-5 avidity on end of therapy PET
Unilateral Wilms Tumor (UWT)	PEDONC-7.2	Updated initial staging to allow option of CT Abdomen Pelvis for all individuals
Unilateral Wilms Tumor (UWT) Bilateral Wilms Tumor (BWT)	PEDONC-7.2 PEDONC-7.3	Added criterion to allow pelvic surveillance imaging for diffuse anaplastic histology
Non-Rhabdomyosarcoma Soft Tissue Sarcomas (NRSTS)	PEDONC-8.3	Added additional histologies in which CT Abdomen Pelvis may be performed in initial staging
Non-Rhabdomyosarcoma Soft Tissue Sarcomas (NRSTS)	PEDONC-8.3	Updated surveillance of NRSTS to allow more frequent imaging in all grades other than low grade
Non-Rhabdomyosarcoma Soft Tissue Sarcomas (NRSTS)	PEDONC-8.3	Surveillance brain imaging added for angiosarcoma, alveolar soft part sarcoma, and cardiac sarcoma
Langerhans Cell Histiocytosis (LCH)	PEDONC-18.2	LCH surveillance updated to include PET/CT imaging option in lieu of diagnostic CT or MRI; high-risk site involvement may have PET/CT in addition to other indicated diagnostic imaging studies

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 Cardiology & Radiology→ Search Health Plan by typing in Highmark→Click on Highmark and then click on magnifying glass→ Click on FUTURE→ Select appropriate guideline.

Reminder: Musculoskeletal Coverage Guideline Update



Highmark Blue Cross Blue Shield is providing a reminder to all providers.

The Cardiology and Radiology coverage guideline will be updated and take effect May 15, 2025. This applies to both professional provider and facility claims.

The updates to the Cardiology and Radiology guideline are as follows:

The significant changes are indicated below and affect:

- Musculoskeletal Guidelines
- Pediatric Musculoskeletal Guidelines

To see any further editorial updates, follow the pathway provided below.

Musculoskeletal Guidelines

Section Name	Section Number/Policy Number	Summary of Change
Soft Tissue Mass	MS-10.1	Clarified documentation of clinical features required for soft tissue mass prior to advance imaging
Lesion of Bone	MS-10.2	Removed criterion to align with clinical practice

Pediatric Musculoskeletal Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of Change
Soft Tissue and Bone Masses - General Considerations	PEDMS-3.1	Updated list of mass characteristics that should be included in pertinent clinical exam. Added approval of MRI for soft tissue masses >5 cm in diameter, increasing in size, painful, or deep or subfascial location.

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 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.

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