HIGHMARK

May 2025

MEDICAL POLICY UPDATE

IN THIS ISSUE

Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
E-35 - Ultrasound Osteogenesis Stimulator	6/30/2025	Policy is due for annual review. Administrative changes. Policy will publish on June 30, 2025.

E-87 - AposTherapy Systems	7/14/2025	This policy is scheduled for annual review. There are no changes in coverage at this time. This policy will publish on July 14, 2025.
G-9 - Diagnosis and Treatment of Male Sexual Dysfunction	8/25/2025	Policy due for an annual review. Administrative changes made. Coding updated. Experimental/investigational statement added. Policy will publish on August 25, 2025.
I-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	9/1/2025	This policy is being revised to add atezolizumab (Tecentriq), avelumab (Bavencio), cemiplimab (Libtayo), dostarlimab-gxly (Jemperli), durvalumab (Imfinzi), nivolumab (Opdivo), nivolumab and relatlimab-rmbw (Opdualag), pembrolizumab (Keytruda) and retifanlimab-dlwr (Zynyz) to the site of care program. Policy will publish on September 1, 2025.
I-141 - Compounded Medications	7/14/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on July 14, 2025.
I-146 - Monoclonal Antibodies for the Treatment of Eosinophilic Conditions	6/30/2025	This policy is up for annual review. The Nucala coverage criteria for Eosinophilic Granulomatosis with Polyangiitis (EGPA) has been updated to also allow for refractory disease. Policy will publish on June 30, 2025.
I-151 - Site of Care	9/1/2025	This policy is being revised to expand the Site of Care program to immune-checkpoint inhibitors. Policy will publish on September 1, 2025.
I-152 - Treatments for Duchenne Muscular Dystrophy	7/7/2025	This policy is up for annual review. Minor administrative changes were made to the policy. There is no indication for a change in coverage at this time; policy will remain e/i. Policy will publish on July 7, 2025.
I-181 - Pralatrexate (Folotyn)	7/14/2025	This policy is up for annual review. Coding was updated to current NCCN recommendations. This policy will publish on July 14, 2025.
I-202 - Mogamulizumab-kpkc (Poteligeo)	7/14/2025	This policy is up for annual review with no indications for a change in coverage at this time. The policy will publish July 14, 2025.

I-217 - Polatuzumab vedotin-piiq (Polivy)	7/14/2025	This policy is up for annual review. Coding has been updated to current NCCN recommendations. This policy will publish July 14, 2025.
I-226 - Tafasitamab-cxix (Monjuvi)	7/14/2025	This policy is up for annual review. Coding was updated to current NCCN recommendations and language revised for consistency with FDA label. This policy will publish July 14, 2025.
I-243 - New York Oncology Mandate	7/14/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on July 14, 2025.
I-247 - Efgartigmod alfa-fcab (Vyvgart) and Efgartigmod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo)	6/2/2025	This policy is being updated due to a new to market formulation of Vyvgart Hytrulo. This policy will publish on June 2, 2025.
I-260 - Tremelimumab (Imjudo)	9/1/2025	This policy is being revised to include Imjudo on the Site of Care program. Policy will publish on September 1, 2025.
I-270 - Epcoritamab-bysp (Epkinly)	7/14/2025	This policy is up for annual review. Coding was updated to current NCCN recommendations and criteria updated for consistency with FDA approved indications. This policy will publish July 14, 2025.
I-275 - Talquetamab-tgvs (Talvey)	7/14/2025	This policy is up for annual review with no indication for a change in coverage at this time. The policy will publish July 14, 2025.
I-276 - Elranatamab-bcmm (Elrexfio)	7/14/2025	This policy is up for annual review with no indications for a change in coverage at this time. This policy will publish July 14, 2025.
I-283 - Lifileucel (Amtagvi)	7/14/2025	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. Policy will publish on July 14, 2025.
I-293 - Denileukin diftitox-cxdl (Lymphir)	7/14/2025	This policy is up for annual review with no indication for a change in coverage at this time. The policy will publish July 14, 2025.
I-30 - Denosumab (Prolia, Xgeva) and Denosumab Biosimilars	6/2/2025	This policy has been updated to add the new to market denosumab biosimilars denosumab-bbdz (Jubbonti, Wyost), denosumab-bmwo (Osenvelt, Stoboclo), denosumab-bnht (Conexxence, Bomyntra) and denosumab-dssb (Ospomyv, Xbryk) as non-preferred agents. Policy will publish on June 2, 2025.

I-300 - Revakinagene taroretcel-lwey (Encelto)	6/2/2025	This is a new policy for the recently FDA approved intravitreal implant revakinagene taroretcel-lwey (Encelto) that is indicated for the treatment of macular telangiectasia type 2. Policy will publish on June 2, 2025.
I-34 - Ipilimumab (Yervoy)	9/1/2025	The policy is being revised to include the medication in the Site of Care program. Policy will publish on September 1, 2025.
I-34 - Ipilimumab (Yervoy)	6/2/2025	This policy has been revised to include criteria for the FDA expanded indication of first line treatment of unresectable or metastatic hepatocellular carcinoma in combination with Opdivo. Policy will publish on June 2, 2025.
I-53 - Omalizumab (Xolair)	6/30/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Minor administrative changes were made to the related policies section. Policy will publish on June 30, 2025.
I-78 - Intravitreal Implants	6/9/2025	This policy is being revised to include the new FDA approved expanded indication of chronic non-infectious uveitis for Iluvien. Policy will publish on June 9, 2025.
I-78 - Intravitreal Implants	6/9/2025	This policy is being revised to include the new FDA approved expanded indication of chronic non-infectious uveitis for Iluvien. Policy will publish on June 9, 2025.
I-86 - Bevacizumab (Avastin) and Bevacizumab Biosimilars	6/2/2025	This policy is being revised to establish criteria for the recently FDA approved bevacizumab biosimilar bevacizumab-nwgd (Jobevne) as a non-preferred product. A statement was also added to the note section defining what a biosimilar is. Policy will publish on June 2, 2025.
I-94 - Intravitreal Injections	6/9/2025	This policy is being updated to remove the criteria only allowing for 12 months of treatment of Izervay. The medication received an FDA approved updated labeling to allow for use beyond 12 months. Policy will publish on June 9, 2025.

L-266 - Pigmented Lesion Assay	7/7/2025	This is an annual review. The policy position was reorganized, but there is no change in coverage. The policy will publish on July 7, 2025.
M-78 - Confocal Laser Endomicroscopy	7/7/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Confocal Laser Endomicroscopy is always considered experimental/investigational. Minor administrative changes were made. The policy will publish on July 7, 2025.
O-28 - Knee Orthosis	6/30/2025	This is an annual review. Coding is being updated. This policy will publish on June 30, 2025.
O-32 - Lower Limb Prostheses	6/30/2025	This is an annual review. Coding is being updated. This policy will publish on June 30, 2025
O-5 - Powered Exoskeletal Robotic Systems	6/30/2025	This policy is an annual review. There are no recommended revisions. This will publish on June 30, 2025.
O-6 - Enteral Nutrition	6/30/2025	This is an a annual review. Criteria for relizorb is being updated. This policy will publish on June 30, 2025.
R-103 - Lutetium Lu 177 Vipivotide Tetraxetan (Pluvicto)	6/2/2025	Policy was revised to include the FDA approved expanded indication for Pluvicto to include individuals considered appropriate to delay taxane-based chemotherapy. Policy will publish on June 2, 2025.
S-11 - Pheresis Therapy	8/25/2025	This policy is scheduled for annual review. Diagnosis coding updates and additional criteria have been added. This policy is scheduled to publish on August 25, 2025.
S-1015 - Renal Transplant	07/07/2025	S-124 is being archived and replaced with customized MCG guidelines S-1015 & P-1015 The MCG guideline will activate on July 7, 2025.
S-124 - Kidney Transplant	7/7/2025	This policy has been archived as of July 7, 2025 and is no longer in effect. For services rendered prior to the archived date on this policy, please refer to prior versions of this policy. For services rendered on or after the archived date of this policy, please refer to MCG.

S-155 - Gastric Electrical Stimulation, Gastric Pacing	7/21/2025	Policy is due for annual review. Administrative changes made. Policy to publish on July 21, 2025.
S-225 - Orthopedic Applications of Stem-Cell Therapy	6/30/2025	This is an annual review. There are no recommended revisions. This policy will publish on June 30, 2025.
S-231 - Biometric Bone Void Filler	7/7/2025	This is an annual review. There is no change in coverage. The policy will publish on July 7, 2025.
S-236 - Aqueous Shunts and Stents for Glaucoma	7/14/2025	This policy is scheduled for annual review. There are no changes in coverage. This policy will publish on July 14, 2025.
S-248 - Nerve Ablation and Injection	7/14/2025	This policy is scheduled for annual review. There are no changes in coverage. The policy will publish on July 14, 2025,
S-41 - Corneal Surgery to Correct Refractive Errors, Phototherapeutic Keratectomy, and Corneal Collagen Cross-Linking	7/7/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy criteria was revised for clarification. Minor administrative changes were made. The policy will publish on July 7, 2025.
S-74 - Suction Assisted Lipectomy (SAL)	8/25/2025	This policy is scheduled for annual review. Policy criteria has been updated. The policy will publish on August 25, 2025.
S-89 - Non-spinal Bone Growth Stimulation	7/7/2025	Policy is due for annual review. Administrative changes made. Policy will publish on July 7, 2025.
X-24 - Bone Mineral Density Studies	7/7/2025	This policy is scheduled for annual review. There are no changes to coverage criteria. The policy will publish on July 7, 2025. There are no impacts to DLPS/Benefits.
X-176 – Coronary Computed Tomography Angiography with Selective Noninvasive Fractional Flow Reserve	07/07/2025	This policy is an annual review. There are no recommended revisions.
X-583 - Rarely Utilized Radiation and Oncology Procedures	07/07/2025	This policy is an annual review. There are no recommended revisions.
Y-16 - Chronic Wound Management	7/7/2025	This is an annual review. Administrative changes were made. There is no change in coverage. The policy will publish on July 7, 2025.
Z-106 - Medically Fragile Children	7/7/2025	This NY only policy is up for annual review. The mandate language in this policy is current and accurate and there are no indications for a change. Minor administrative changes were made. The policy will publish on July 7, 2025.

Z-107 - Intense Pulsed Light Therapy for the Treatment of Dry Eye Disease	7/7/2025	This policy was due for annual review. There is no change in coverage. The Policy will publish on July 7, 2025.
Z-111 - Category III Codes	7/7/2025	This is a new policy created for Category III T codes. It will publish on July 7, 2025.
Z-50 - Determination of Refractive State	7/7/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Minor administrative changes were made. The policy will publish on July 7, 2025.
MA I-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	6/2/2025	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. This policy is also being revised to include two new FDA expanded indications. Imfinzi is now approved for the treatment of muscle invasive bladder cancer in combination with gemcitabine and cisplatin. Opdivo is now approved in combination with Yervoy for the first line treatment of individuals with unresectable or metastatic hepatocellular carcinoma. Policy will publish on June 2, 2025.
MA I-181 - Pralatrexate (Folotyn)	7/14/2025	This policy is up for annual review. Coding was updated to current NCCN recommendations. This policy will publish on July 14, 2025.
MA I-202 - Mogamulizumab-kpkc (Poteligeo)	7/14/2025	This policy is up for annual review with no indications for a change in coverage at this time. The policy will publish July 14, 2025.
MA I-217 - Polatuzumab vedotin-piiq (Polivy)	7/14/2025	This policy is up for annual review. Coding has been updated to current NCCN recommendations. This policy will publish July 14, 2025.
MA I-233 - Tafasitamab-cxix (Monjuvi)	7/14/2025	This policy is up for annual review. Coding was updated to current NCCN recommendations. This policy will publish July 14, 2025.
MA I-256 - Efgartigmod alfa-fcab (Vyvgart) and Efgartigmod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo)	6/2/2025	This policy is being updated due to a new to market formulation of Vyvgart Hytrulo. This policy will publish on June 2, 2025.
MA I-279 - Epcoritamab-bysp (Epkinly)	7/14/2025	This policy is up for annual review. Coding was updated to current NCCN recommendations. This policy will publish July 14, 2025.
MA I-284 - Talquetamab-tgvs (Talvey)	7/14/2025	This policy is up for annual review with no indication for a change in coverage at this time. The policy will publish July 14, 2025.

MA I-285 - Elranatamab-bcmm (Elrexfio)	7/14/2025	This policy is up for annual review with no indication for a change in coverage at this time. The policy will publish July 14, 2025.
MA I-295 - Lifileucel (Amtagvi)	7/14/2025	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. Policy will publish on July 14, 2025.
MA I-304 - Denileukin diftitox-cxdl (Lymphir)	7/14/2025	This policy is up for annual review with no indication for a change in coverage at this time. The policy will publish July 14, 2025.
MA I-310 - Revakinagene taroretcel-lwey (Encelto)	6/2/2025	This is a new policy for the recently FDA approved intravitreal implant revakinagene taroretcel-lwey (Encelto) that is indicated for the treatment of macular telangiectasia type 2. Policy will publish on June 2, 2025.
MA I-53 - Omalizumab (Xolair)	6/30/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on June 30, 2025.

Policy

Injectable Drugs Added to Site of Care

NEWS FOR ALL PROVIDER TYPES

Highmark Blue Cross Blue Shield has established new criteria for I-151, Site of Care. The following immune-checkpoint inhibitors are being added to the Site of Care program:

- Atezolizumab (Tecentriq)
- Avelumab (Bavencio)
- Cemiplimab-rwlc (Libtayo)
- Dostarlimab-gxly (Jemperli)
- Durvalumab (Imfinzi)
- Ipilimumab (Yervoy)
- Nivolumab (Opdivo)
- Nivolumab and relatimab-rmbw (Opdualag)
- Pembrolizumab (Keytruda)
- Retifanlimab-dlwr (Zynz)
- Tremelimumab (Imjudo)

This revised Medical Policy will apply to professional providers and facility claims. The effective date is September 1, 2025.

Place of Service: Outpatient-Infusion

Please refer to Medical Policy I-151, Site of Care, for additional information.

New Criteria: Highmark Blue Cross Blue Shield has established new criteria for Diagnosis and Treatment of Male Sexual Dysfunction

Highmark Blue Cross Blue Shield has established new criteria for Diagnosis and Treatment of Male Sexual Dysfunction. An experimental/investigational statement has been added regarding penile contracture devices.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is August 25, 2025.

Place of Service: Inpatient/ Outpatient

Please refer to Medical Policy G-9, Diagnosis and Treatment of Male Sexual Dysfunction, for additional information.

New Criteria: Highmark Blue Cross Blue Shield has established new criteria for Apheresis Therapy

Highmark Blue Cross Blue Shield has established new criteria for Apheresis Therapy. A new section has been added to the policy regarding non-covered indications for extracorporeal photopheresis.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is August 25, 2025

Place of Service:

Please refer to Medical Policy S-11, Apheresis Therapy, for additional information.

Coverage Criteria Established for Revakinagene taroretcel-lwey (Encelto)

Highmark Blue Cross Blue Shield has established coverage criteria for the recently FDA approved intravitreal implant revakinagene taroretcel-lwey (Encelto) for the treatment of Macular telangiectasia type 2.

This revised Medical Policy will apply to professional providers and facility claims). The effective date is June 2, 2025.

Place of Service: Outpatient/Inpatient

Please refer to Medical Policy I-300, Revakinagene taroretcel-lwey (Encelto), for additional information.

Coverage Guidelines Established for Bevacizumab-nwgd (Jobevne)

Highmark Blue Cross Blue Shield has established coverage criteria for the recently FDA approved biosimilar bevacizumab-nwgd (Jobevne). This biosimilar will be considered a non-preferred product.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is June 2, 2025.

Place of Service: Outpatient

Please refer to Medical Policy I-86, Bevacizumab (Avastin) and Bevacizumab Biosimilars, for additional information.

Clinical Guidelines Established for Denosumab-bbdz (Jubbonti, Wyost), Denosumab-bnht (Conexxence, Bomyntra) and Denosumab-dssb (Ospomyv, Xbryk)

Highmark Blue Cross Blue Shield has established new guidelines for the denosumab biosimilars denosumab-bbdz (Jubbonti, Wyost), denosumab-bnht (Conexxence, Bomyntra) and denosumab-dssb (Ospomyv, Xbryk). The denosumab biosimilars will be considered non-preferred for all indications.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is June 2, 2025.

Place of Service: Outpatient

Please refer to Medical Policy I-30, Denosumab (Prolia, Xgeva) and Denosumab Biosimilars, for additional information.

Revised Criteria: Highmark Blue Cross Blue Shield has revised the criteria for Suction Assisted Lipectomy.

Highmark Blue Cross Blue Shield has revised criteria for Suction Assisted Lipectomy. Medical necessity criteria, initial authorization, and reauthorization criteria have been added to the policy.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is August 25, 2025.

Place of Service: Outpatient

Please refer to Medical Policy S-74, Suction Assisted Lipectomy, for additional information.

CORRECTION to 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, 2025 **NOT** August 4, 2024.

Place of Service: Outpatient

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

Medicare Advantage

Clinical Guidelines Established for Denosumab-bbdz (Jubbonti, Wyost), Denosumab-bnht (Conexxence, Bomyntra) and Denosumab-dssb (Ospomyv, Xbryk)

Highmark's Medicare Advantage products have established new guidelines for the denosumab biosimilars denosumab-bbdz (Jubbonti, Wyost), denosumab-bnht (Conexxence, Bomyntra) and denosumab-dssb (Ospomyv, Xbryk). The denosumab biosimilars will be considered non-preferred for all indications.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is June 2, 2025.

Please refer to Medical Policy I-20, Denosumab (Prolia, Xgeva) and Denosumab Biosimilars, for additional information.

Coverage Criteria Established for Revakinagene taroretcel-lwey (Encelto)

Highmark's Medicare Advantage products have established coverage criteria for the recently FDA approved intravitreal implant revakinagene taroretcel-lwey (Encelto) for the treatment of Macular telangiectasia type 2.

This revised Medical Policy will apply to professional providers and facility claims . The effective date is June 2, 2025.

Please refer to Medical Policy I-310, Revakinagene taroretcel-lwey (Encelto), for additional information.

Coverage Guidelines Established for Bevacizumab-nwgd (Jobevne)

Highmark's Medicare Advantage has established coverage criteria for the recently FDA approved biosimilar bevacizumab-nwgd (Jobevne). This biosimilar will be considered a non-preferred product.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is June 7, 2025.

Please refer to Medical Policy I-75, Bevacizumab (Avastin) and Bevacizumab Biosimilars, for additional information.

Codes Added to Medicare Advantage N-24 Miscellaneous Services

NEWS FOR ALL PROVIDER TYPES

Highmark's Medicare Advantage product has revised criteria for policy N-24 Miscellaneous Services for Pennsylvania, West Virginia and Delaware.

The following codes are being added to Medicare Advantage N-24 Miscellaneous Services to always deny:

MA MEDICARE ADVANTAGE

66683	69090	90584
90593	90611	90622
90624	90626	90627
90632	90633	90634
90678	90679	90701
90758	96170	96171
97799 Apos Therapy	99450	0220U
0267T	0268T	0269T
0270T	0271T	0272T
0273T	0525T	0526T
0527T	0528T	0529T
0530T	0531T	0532T
0607T	0608T	C1761
S2900	S4026	S4027
S4030	S4031	S4040
S9055		

This revised Medical Policy will apply to professional providers and facility claims. The effective date is June 30, 2025.

Place of Service: Not Applicable

Please refer to Medicare Advantage Medical Policy MA N-24 Miscellaneous Services, for additional information.

Codes Added to Medicare Advantage N-24 Miscellaneous Services

NEWS FOR ALL PROVIDER TYPES

Highmark's Medicare Advantage product has revised criteria for policy N-24 Miscellaneous Services for New York.

The following codes are being added to Medicare Advantage N-24 Miscellaneous Services to always deny:

MA MEDICARE ADVANTAGE

66683	69090	90584
90593	90611	90622
90624	90626	90627
90632	90633	90634
90678	90679	90701
90758	96171	97799 Apos Therapy
99450	0220U	0267T
0268T	0269T	0270T
0271T	0272T	0273T
0525T	0526T	0527T
0528T	0529T	0530T
0531T	0532T	0607T
0608T	C1761	J7300

J7301	J7307	S2900
S4026	S4027	S4030
S4031	S4040	S9055

This revised Medical Policy will apply to professional providers and facility claims. The effective date is June 30, 2025.

Place of Service: Not Applicable

Please refer to Medicare Advantage Medical Policy MA N-24 Miscellaneous Services, 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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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.

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