

MEDICAL POLICY UPDATE

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Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
L-4 - Intraepidermal Nerve Fiber Density Testing	04/07/2025	This policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 2025.
L-194 - Endo Dx	04/07/2025	This is an annual review. Administrative changes were made. Coding was updated. The policy will publish on April 7, 2025.
L-264 - Serum Biomarker Panel Testing for Systemic Lupus Erythematosus	04/07/2025	This is an annual review. Administrative changes were made. The policy will publish on April 7, 2025.
L-309- Screening for Barrett’s Esophagus (BE) and Esophageal Adenocarcinoma (EAC)	05/26/2025	This is a new policy for NY only. Criteria has been established for non-invasive screening for Barrett’s Esophagus (BE) and Esophageal Adenocarcinoma (EAC). The policy will publish on May 26, 2025.
MA I-30 - Carboplatin (Paraplatin)	04/14/2025	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 April 14, 2025.
MA I-32 - Gemcitabine	03/31/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated based on NCCN recommendations. Of note, NCCN no longer recommends the use of Gemcitabine for the treatment of follicular lymphoma. Policy will publish on March 31, 2025.
I-37 - Ustekinumab (Stelara) and Ustekinumab Biosimilars	03/03/2025	New to market ustekinumab biosimilars added to policy as non-preferred products. This policy will publish on March 3, 2025.
MA I-48 - Oxaliplatin (Eloxatin)	04/14/2025	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 April 14, 2025.
I-59 - Gemcitabine	03/31/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated based on NCCN recommendations. Of note, NCCN no longer recommends the use of Gemcitabine for the treatment of follicular lymphoma. Policy will publish on March 31, 2025.
I-65 - Paclitaxel, albumin-bound (Abraxane)	03/31/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated based on NCCN recommendations. Policy will publish on March 31, 2025.
MA I-65 - Paclitaxel, albumin-bound (Abraxane)	03/31/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated based on NCCN recommendations. Policy will publish on March 31, 2025.
I-75 - Paclitaxel (Taxol)	04/07/2025	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 April 7, 2025.
I-85 - Natalizumab (Tysabri)	04/14/2025	This policy is up for annual review. Administrative changes made. This policy will publish April 14, 2025.
MA I-85 - Natalizumab (Tysabri)	04/14/2025	This policy is up for annual review. Administrative changes made. This policy will publish April 14, 2025.
I-87 - Oxaliplatin (Eloxatin)	04/14/2025	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 April 14, 2025.
I-89 - Carboplatin (Paraplatin)	04/14/2025	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 April 14, 2025.
I-91 - Intraperitoneal Chemotherapy	04/21/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on April 21, 2025.
I-119 - Eribulin Mesylate (Halaven)	04/21/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on April 21, 2025.
MA I-119 - Eribulin Mesylate (Halaven)	04/21/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on April 21, 2025.
I-199 - Interleukin-23 Antagonists (Ilumya SC and Skyrizi IV)	03/03/2025	Criteria and coding updated for Omvoh's expanded indication, for treatment of moderate to severe Crohn's disease. This policy will publish on March 3, 2025.
MA I-199 - Interleukin-23 Antagonists (Ilumya SC and Skyrizi IV)	03/03/2025	Coding updated for Omvoh's expanded indication, for treatment of moderate to severe Crohn's disease. This policy will publish on March 3, 2025.
I-212 - Esketamine (Spravato)	03/03/2025	This policy is being updated to add criteria reflecting the new expanded indication for Spravato as monotherapy for treatment resistant depression. Policy will publish on March 3, 2025.
I-215 - Enfortumab vedotin-ejfv (Padcev)	04/28/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on April 28, 2025.
I-219 - Fam-trastuzumab Deruxtecan-nxki (Enhertu)	03/03/2025	This policy is up for annual review. Coding was updated to capture current NCCN recommendations and new FDA approved indication. This policy will publish on March 3, 2025.
I-222 - Eptinezumab-jjmr (Vyepiti)	04/14/2025	This policy is up for annual review. There are no indications for a change in coverage. This policy will publish on April 14, 2025.
MA I-224 - Enfortumab vedotin-ejfv (Padcev)	04/28/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on April 28, 2025.
MA I-225 - Fam-trastuzumab Deruxtecan-nxki (Enhertu)	03/03/2025	This policy is up for annual review. Coding was updated to capture current NCCN recommendations and new FDA approved indication. This policy will publish on March 3, 2025.
I-227 - Inebilizumab-cdon (Uplizna)	04/14/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. The policy will publish April 14, 2025.
MA I-228 - Eptinezumab-jjmr (Vyepiti)	04/14/2025	This policy is up for annual review. Administrative coding changes made. This policy will publish on April 14, 2025.
MA I-234 - Inebilizumab-cdon (Uplizna)	04/14/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. This policy will publish April 14, 2025.

I-251 - Sutimlimab-jome (Enjaymo)	04/14/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. This policy will publish April 14, 2025.
MA I-263 - Sutimlimab-jome (Enjaymo)	04/14/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. This policy will publish April 14, 2025.
I-264 - Nadofaragene firadenovec-vncg (Adstiladrin)	04/28/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on April 28, 2025.
I-287 - Nogapendekin alfa inbakicept-pmln (Anktiva)	04/28/2025	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on April 28, 2025.
I-297 - Zenocutuzumab-zbco (Bizengri)	03/03/2025	This is a new policy for the recently FDA approved medication zenocutuzumab-zbco (Bizengri) which is indicated for the treatment of adult individuals with advanced, unresectable or metastatic NSCLC and pancreatic adenocarcinoma. Policy will publish on March 3, 2025.
I-298 - Datopotamab deruxtecan-dlnk (Datroway)	03/03/2025	This is a new policy for the recently FDA approved medication datopotamab deruxtecan-dlnk (Datroway) for the treatment of unresectable or metastatic, hormone receptor positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer (IHC 0, IHC 1+ or IHC 2+/ISH-) who have received prior endocrine-based therapy and chemotherapy. Policy will publish on March 3, 2025.
MA I -308 - Zenocutuzumab-zbco (Bizengri)	03/03/2025	This is a new policy for the recently FDA approved medication zenocutuzumab-zbco (Bizengri) which is indicated for the treatment of adult individuals with advanced, unresectable or metastatic NSCLC and pancreatic adenocarcinoma. Policy will publish on March 3, 2025.
MA I-309 - Datopotamab deruxtecan-dlnk (Datroway)	03/03/2025	This is a new policy for the recently FDA approved medication datopotamab deruxtecan-dlnk (Datroway) for the treatment of unresectable or metastatic, hormone receptor positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer (IHC 0, IHC 1+ or IHC 2+/ISH-) who have received prior endocrine-based therapy and chemotherapy. Policy will publish on March 3, 2025.
O-28 - Knee Orthosis	03/31/2025	This is an annual review. There are no criteria changes, coding updates are being made. This policy will publish on March 31, 2025
S-128 - Photodynamic Therapy (PDT) with Porfimer Sodium	04/07/2025	This is an annual review. Administrative changes were made. The policy will publish on April 7, 2025.

S-157 - Extracorporeal Shock Wave Therapy for Musculoskeletal Conditions and Soft Tissue Wounds	04/07/2025	Policy is due for annual review. Policy will publish on April 7, 2025.
S-273 - Hematopoietic Cell Transplantation: Solid Tumors	03/31/2025	This policy is an annual review with no recommended revisions and will publish on March 31, 2025.
S-276 - Blepharoplasty, Repair of Blepharoptosis, and Repair of Brow Ptosis	04/14/2025	Policy is due for annual review. Administrative changes made. Policy will publish on April 14, 2025.
U-9 - Maternity Ultrasound	03/03/2025	This is a new HMK policy created for Maternity Ultrasound. The policy will publish on 3/3/2025.
V-45 - Medication Assistance for Methadone Treatment	04/07/2025	This policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 2025.
V-59 - Contraceptive Management	03/31/2025	This policy is scheduled for annual review. No indications for a change in coverage criteria at this time. The policy will publish on March 31, 2025
V-59 - Contraceptive Management	03/31/2025	This policy is scheduled for annual review. Revisions have been made to mandate language and policy criteria. The policy will publish on March 31, 2025. DE only.
Y-11 - Treatments for Lymphedema	04/07/2025	Policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.
Y-22 - Opioid Dependence Therapy	04/07/2025	This policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 2025.
Z-1 - Ultraviolet Light Therapies	04/15/2024	Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.
Z-8 - Diagnosis and Treatment of Obstructive Sleep Apnea	03/31/2025	This policy is scheduled for an annual review. There are no changes in coverage criteria. The policy will publish on March 31, 2025.
Z-64 - Diagnosis and Treatment of Obstructive Sleep Apnea	03/31/2025	This policy is scheduled for an annual review. There are no changes in coverage criteria. The policy will publish on March 31, 2025.



Revised Criteria for Septoplasty



Highmark Blue Cross Blue Shield has revised criteria for MCG A-0182 Septoplasty. A 4-week course of either an intranasal antihistamine or intranasal steroid will now be required prior to approval of the procedure.

This revised Medical Policy will apply to professional providers and/or facility claims. The effective date is May 27th, 2024.

Place of Service:

Please refer to Medical Policy MCG A-0182-001 CG, Septoplasty, for additional information.

Biosimilar Preferred Products Established for Ustekinumab



Highmark Blue Cross Blue Shield has revised criteria for Ustekinumab (Stelara) and Ustekinumab Biosimilars.

Ustekinumab (Stelara) is the preferred product for all individuals and all indications. This applies for both the intravenous (IV) and subcutaneous (SC) formulations.

In order for a request for a non-preferred product [ustekinumab-srlf (Imuldosa), ustekinumab-aaaz (Otulfi), ustekinumab-ttwe (Pyzchiva), ustekinumab-aekn (Selarsdi), ustekinumab-stba (Steqeyma), ustekinumab-auub (Wezlana), or ustekinumab-kfce (Yesintek)] to be approved the individual must have had an adequate therapeutic trial and experienced a documented drug therapy failure or intolerance to the preferred product or the preferred product is contraindicated.

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

Place of Service: Outpatient

Please refer to Medical Policy I-37, Ustekinumab (Stelara) and Ustekinumab Biosimilars, for additional information.

Coverage Guidelines Established for Zenocutuzumab-zbco (Bizengri)



Highmark Blue Cross Blue Shield has established new guidelines for the recently FDA approved zenocutuzumab-zbco (Bizengri) for the treatment of adult individuals advanced, unresectable or metastatic non-small cell lung cancer or pancreatic adenocarcinoma with a neuregulin 1 (NRG1) gene fusion.

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

Place of Service: Outpatient

Please refer to Medical Policy I-297, Zenocutuzumab-zbco (Bizengri), for additional information.

Coverage Guidelines Established for Datopotamab deruxtecan-dlnk (Datroway)



Highmark Blue Cross Blue Shield has established new guidelines for the recently FDA approved datopotamab deruxtecan-dlnk (Datroway) for the treatment of adult individuals with unresectable or metastatic, hormone receptor positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer who have received prior endocrine-based therapy and chemotherapy.

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

Place of Service: Outpatient

Please refer to Medical Policy I-298, Datopotamab deruxtecan-dlnk (Datroway), for additional information.

New Policy: Highmark Blue Cross Blue Shield has established new criteria for screening for Barrett’s Esophagus (BE) and Esophageal Adenocarcinoma (EAC).



Highmark Blue Cross Blue Shield has established new coverage criteria for non-invasive screening for Barrett’s Esophagus (BE) and Esophageal Adenocarcinoma (EAC).

This revised Medical Policy will apply to professional providers. The effective date is May 26, 2025.

Place of Service: Outpatient

Please refer to Medical Policy L-309 Screening for Barrett’s Esophagus (BE) and Esophageal Adenocarcinoma (EAC), for additional information.

Revised Criteria: Highmark Blue Cross Blue Shield has revised the criteria for Intraoperative Neurophysiologic Monitoring (Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring).



Highmark Blue Cross Blue Shield has revised criteria for Intraoperative Neurophysiologic Monitoring (Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring). There have been updates made to the criteria and coding on the policy.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is May 26, 2025.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy M-13 Intraoperative Neurophysiologic Monitoring (Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring), for additional information.

New Highmark Policy for Maternity Ultrasound



Highmark Medical Policy U-9, Maternity Ultrasound, has been developed.

This Medical Policy will apply to professional providers and/or facility claims. The effective date is March 3, 2025.

Place of Service:

Please refer to Medical Policy U-9, Maternity Ultrasound, 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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