HIGHMARK

March 2024

MEDICAL POLICY UPDATE

IN THIS ISSUE

Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
A-0533 - Lynch Syndrome - BRAF V600, EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel	06/03/2024	This is a new MCG guideline being adopted for NY only. This MCG guideline will publish for NY on June 03, 2024.
A-0584 - Li-Fraumeni Syndrome - TP53 Gene	06/03/2024	This is a new MCG guideline being adopted for NY only. This MCG guideline will publish for NY on June 03, 2024.
A-0604 - Hemoglobin C and E - HBB Gene	06/03/2024	This is a new MCG guideline being adopted for NY only. This MCG guideline will publish for NY on June 03, 2024.
A-0629 - Hyperhomocysteinemia - MTHFR Gene	06/03/2024	This is a new MCG guideline being adopted for NY only. This MCG guideline will publish for NY on June 03, 2024.
A-0795 - Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic)	06/03/2024	This is a new policy for New York adoption only. This policy will publish on June 3, 2024.
A-0861 - Psychotropic Medication Pharmacogenetics - Gene Panels	06/03/2024	This is a new MCG guideline being adopted for NY only. This MCG guideline will publish for NY on June 03, 2024.

B-1 - Coverage for Hearing Aids	04/29/2024	This policy is DE only. This is an annual review. Revisions were made to remove any age limits for the markets noted in the policy. Publication date is April 29, 2024.
D-6 - Dental Services	04/29/2024	This is an annual review. There are no changes recommended to criteria of this policy. Publishing date is April 29, 2024.
E-40 - Functional Neuromuscular Electrical Stimulation	04/29/2024	This policy is scheduled for annual review. Language designating multi-modality devices as experimental/investigational and naming the Zynex Nexwave as a specific example of an experimental item. The policy will publish on April 29, 2024.
I-21 - Trastuzumab (Herceptin), Trastuzumab Biosimilars, and Trastuzumab and Hyaluronidase-oysk (Herceptin Hylecta)	05/13/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated to NCCN recommendations. Policy will publish on May 13, 2024.
I-3 - Allergy Immunotherapy	04/29/2024	This policy was revised to allow for a total of 150 doses/unit per benefit year for the first year of therapy. Policy will publish on April 29, 2024.
I-40 - Pertuzumab for Treatment of Malignancies	05/06/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated to NCCN recommendations. Policy will publish on May 6, 2024.
I-53 - Omalizumab (Xolair®)	04/01/2024	This policy was revised to establish criteria for the new FDA approved indication for IgE mediated food allergy. Policy will publish on April 1, 2024.
I-88 - Granulocyte Colony-Stimulating Factors	04/01/2024	This policy is being updated with expanded indication for Ziextenzo. Policy will publish April 1, 2024.
I-113 - Ado-trastuzumab emtansine (Kadcyla)	04/29/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement is being updated to not medically necessary. Policy will publish on April 29, 2024.
I-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	05/06/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated to NCCN recommendations. Policy will publish on May 6, 2024.

I-124 - Azacitidine (Vidaza)	05/06/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy changes include coding updates. This policy will publish May 6, 2024.
I-137 - GAZYVA (obinutuzumab)	05/06/2024	This policy is scheduled for annual review. There are no indications for change in coverage. Policy will publish May 6, 2024.
I-148 - Ramucirumab (Cyramza)	04/29/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated to NCCN recommendations. Policy will publish on April 29, 2024.
I-161 - Irinotecan Liposomal (Onivyde)	05/06/2024	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 policy. Policy will publish on May 6, 2024.
I-183 - Voretigene Neparvovec-rzyl (Luxturna)	05/13/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish May 13, 2024.
I-204 - Moxetumomab Pasudotox (Lumoxiti)	04/29/2024	Lumoxiti was removed from the market by the FDA in August 2023. Policy will be archived on April 29, 2024.
I-216 - Romosozumab-aqqg (Evenity)	05/20/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish May 20, 2024.
I-219 - fam-trastuzumab deruxtecan-nxki (Enhertu)	05/20/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated to NCCN recommendations. Policy will publish on May 20, 2024.
I-220 - Teprotumumab-trbw (Tepezza)	04/29/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish April 29, 2024
I-222 - Eptinezumab-jjmr (Vyepti)	05/13/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish May 13, 2024.
I-225 - Pertuzumab, trastuzumab, and hyaluronidase-zzxf (Phesgo)	05/13/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated to NCCN recommendations. Policy will publish on May 13, 2024.

I-227 - Inebilizumab-cdon (Uplizna)	05/20/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish May 20, 2024.
I-228 - Lurbinectedin (Zepzelca)	05/13/2024	This policy is scheduled for annual review. Policy updates include minor language revisions. There is no indication for change in coverage, Policy will publish May 13, 2024.
I-235 - Margetuximab-cmkb (Margenza)	05/20/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated to NCCN recommendations. Policy will publish on May 20, 2024.
I-242 - New York Step Therapy Exception	04/29/2024	This policy is due for annual review. There is no indication for changes to current language. Policy will publish April 29, 2024.
I-243 - New York Oncology Mandate	04/29/2024	This policy is due for annual review. There is no indication for changes to current language. Policy will publish April 29, 2024.
I-258 - Elivaldogene autotemcel (Skysona)	05/20/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish May 20, 2024.
I-264 - Nadofaragene firadenovec-vncg (Adstiladrin)	05/06/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on May 6, 2024.
I-281 - Exagamglogene autotemcel	04/29/2024	This policy was revised to clarify the clinically appropriate Sickle Cell genotypes that are eligible for Casgevy. Policy will publish on April 29, 2024.
I-282 - Lovotibeglogene autotemcel (Lyfgenia)	04/29/2024	This policy was revised to clarify the clinically appropriate Sickle Cell genotypes that are eligible for Lyfgenia. Policy will publish on April 29, 2024.
I-283 - Lifileucel (Amtagvi)	04/01/2024	This is a new policy to establish coverage criteria for new to market therapy lifileucel (Amtagvi). Policy will publish April 1, 2024.
M-13 - Intraoperative Neurophysiologic Monitoring (Sens	03/25/2024	This policy is scheduled for annual review. There are changes to the policy language and criteria. Dx codes are being removed and Dx codes are being added. The policy will publish on March 25, 2024.

M-81 - Implantable Pulmonary Artery Pressure Measuremen	04/29/2024	This policy is scheduled for annual review. Policy criteria has been revised. This policy will publish on April 29, 2024.
M-89 - Remote Patient Monitoring	06/24/2024	This is a new policy. The policy will publish June 24, 2024.
S-9 - External Hearing Aids, Auditory Brainstem Implant, Bone-Anchored Hearing Devices and Audiological Testing	04/29/2024	Policy is being updated to revise QLL for processors from 1 to 2 replacements every 5 year. This policy will publish on April 29, 2024.
S-280 - Surgical Treatment of Obstructive Sleep Apnea	04/29/2024	This policy is scheduled for annual review. Criteria updated. This policy will publish on April 29, 2024.
S-287 - Recombinant Human Bone Morphogenetic Protein (rhBMP-2) (InFuse)	06/03/2024	This is a new policy for New York only. It will publish on June 3, 2024.
S-288 - Bone Marrow Aspirate Concentrate (BMAC)	06/03/2024	This is a new policy for New York only. It will publish on June 3, 2024.
S-289 - Bone Graft Substitutes	06/03/2024	This is a new policy for New York only. It will publish on June 3, 2024.
S-315 - Hip Surgery: Labral Repair or Reconstruction	06/03/2024	This is a new policy for New York only. A February 90 day notification was sent. The policy will publish on June 3, 2024.
S-316 - Hip Surgery: Femoroacetabular Impingement (FAI)	06/03/2024	This is a new policy for New York only. A 90 day notification was published in February. The policy will publish on June 3, 2024.
S-317 - Hip Surgery: Avascular Necrosis (AVN)	06/03/2024	This is a new policy for New York only. A 90 day notification was published in February. The policy will publish on June 3, 2024.
S-318 - Hip Surgery: Synovectomy	06/03/2024	This is a new policy for New York only. A 90 day notification was published in February. The policy will publish on June 3, 2024.
S-319 - Hip Surgery: Open or Arthroscopic	06/03/2024	This is a new policy for New York only. A 90 day notification was published in February. The policy will publish on June 3, 2024.
Y-1 - Physical Medicine	04/08/2024	This is an annual review. The policy criteria and language are being updated. The policy will publish on April 8, 2024.

Y-2 - Occupational Therapy	04/08/2024	This is an annual review. The policy criteria and language are being updated. The policy will publish on April 8, 2024.
Y-9 - Manipulation Services	04/08/2024	This is an annual review. The policy criteria and language are being updated. The policy will publish on April 8, 2024.
Z-52 - Pain Management of Peripheral Nerves by Injection	04/29/2024	This policy is scheduled for annual review. Administrative changes and coding updates made. The policy will publish on April 29, 2024.

Coverage Criteria Established for Lifileucel (Amtagvi)

NEWS FOR ALL PROVIDER TYPES

Highmark Blue Cross Blue Shield has established new criteria for I-283, Lifileucel (Amtagvi). This is a new policy creating criteria for Amtagvi, an autologous, centrally manufactured tumor infiltrating lymphocyte (TIL) therapy indicated for previously treated adults with unresectable or metastatic melanoma.

This new Medical Policy will apply to professional providers and facility claims. The effective date is April 1, 2024.

Place of Service: Inpatient

Please refer to Medical Policy I-283, Lifileucel (Amtagvi), for additional information.

Reminder: Laboratory Management Coverage Guideline Update

NEWS FOR ALL PROVIDER TYPES

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

The Laboratory Management coverage guideline will be updated and take effect January 01, 2024. This applies to both professional provider and facility claims.

The changes to the Laboratory Guidelines are as follows:

New: Three (3) New guidelines

Guideline Name	Guideline #	Procedure Code(s) Impacted	Summary of change (to be reviewed in conjunction with guideline)
Reproductive Hormone Testing in Adults	MOL.CS.408.X	83498, 82166, 82626, 82627, 82681, 82670, 82677, 82671, 82672, 82679, 83001, 86336, 83520, 83002, 84144, 84146	New non-molecular claims guideline addressing reproductive hormone testing in adults; has tests/codes previously managed by Testosterone Testing (MOL.CS.376.X)
Special Histochemical Stains	MOL.CS.409.X	99312, 88313	New non-molecular claims guideline addressing special histochemical stains

Cardiomyopathy and Arrhythmia Genetic Testing	MOL.TS.410.A	S3861, 81413, 81414, 0237U, 81439	New molecular test-specific guideline addressing testing for inherited cardiomyopathies and arrhythmias

Retired: Eight (8) guidelines

Guideline Name	Guideline #	Procedure Code(s) Impacted	Summary of change (to be reviewed in conjunction with actual GL)
Somatic Mutation Testing - Hematological Malignancies	MOL.TS.313.A	N/A	Guideline is retired - testing now addressed by Somatic Mutation Testing (MOL.TS.230)
Chromosomal Microarray for Prenatal Diagnosis	MOL.TS.149.A	N/A	Guideline is retired - Information on Prenatal microarray has been added into the Chromosomal Microarray for Developmental Disorders (Prenatal and Postnatal) guideline (MOL.TS.150)
Long QT Syndrome Genetic Testing	MOL.TS.196.A	N/A	Guideline is retired - testing now addressed by new guideline Cardiomyopathy and Arrhythmia Genetic Testing (MOL.TS.410)
Arrhythmogenic Right Ventricular Cardiomyopathy Genetic Testing	MOL.TS.281.A	N/A	Guideline is retired - testing now addressed by new guideline Cardiomyopathy and Arrhythmia Genetic Testing (MOL.TS.410)
Hypertrophic Cardiomyopathy Genetic Testing	MOL.TS.189.A	N/A	Guideline is retired - testing now addressed by new guideline Cardiomyopathy and Arrhythmia Genetic Testing (MOL.TS.410)
Dilated Cardiomyopathy Genetic Testing	MOL.TS.284.A	N/A	Guideline is retired - testing now addressed by new guideline Cardiomyopathy and Arrhythmia Genetic Testing (MOL.TS.410)
Brugada Syndrome Genetic Testing	MOL.TS.261.A	N/A	Guideline is retired - testing now addressed by new guideline Cardiomyopathy and Arrhythmia Genetic Testing (MOL.TS.410)
Genesight	MOL.TS.340.A	N/A	Guideline is retired - testing now addressed by Pharmacogenomic Testing for Drug Toxicity and Response (MOL.CU.118)

Criteria change with impacts: 14 guidelines

Guideline Name	Guideline #	Procedure Code Impacted by Update, if applicable	Summary of change (to be reviewed in conjunction with guideline)
Pharmacogenomic Testing for Drug Toxicity and Response	MOL.CU.118.A	0034U, 0169U	Criteria: NUDT15, TPMT, DPYD were previously coverable as single gene tests under FDA labels – we have changed our process to allow targeted tests (not large panels, but a small number of genes) to be coverable if all of the individual components of the panel are medically necessary and the test is billed with a single panel code; we removed the following tests from I&E status (now addressed by general criteria, with all but TYMS approvable with criteria): 5-Fluorouracil (5-FU) Toxicity and Chemotherapeutic Response [Proprietary panel of DPYD and TYMS gene variants to assess risk of 5-fluorouracil toxicity from ARUP Laboratory] CPT 81232 & 81346; NT (NUDT15 and TPMT) Genotyping Panel from RPRD Diagnostics CPT: 0169U; Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping from Mayo Clinic CPT: 0034U, and NAT2 (changes made based on FDA drug labels that recommend testing of these genes); Updated language from investigational and/or experimental (I&E) to experimental, investigational, or unproven (E/I/U) and reclassified some tests from EIU to not medically necessary to align with definitions published by eviCore; language updates, as needed; Reorganized criteria into sections for Targeted Pharmacogenomic Tests vs. Pharmacogenomic Panel Tests Genesight Psychotropic Test is now addressed by this guideline, although it remains E/I/U. Procedure codes table: updated. Background: updated. Test Information: section added. References: updated; clarification of intent edits throughout.

Amyotrophic Lateral Sclerosis (ALS) Genetic Testing	MOL.TS.125.A		Criteria: added coverage criteria for ALS Multigene panels in symptomatic individuals with a family history of ALS in a first degree relative Moved “Criteria” section to the beginning of the guideline for streamlined reviews; In Other Considerations - added a cross-reference to Pharmacogenomic Testing for Drug Toxicity and Response guideline; admin edits Billing and Reimbursement: added a B&R section to align with the coverage criteria; Background: admin edit, updated table, updated management; Guidelines and Evidence: added two selected relevant publications regarding genetic testing for individuals with ALS and another regarding presymptomatic genetic testing; References: updated and added two.
Chromosomal Microarray Testing For Developmental Disorders	MOL.TS.150.A	81228, 81229, 81349	Criteria: Added criterion for major congenital cardiac anomaly not specific to a well-delineated genetic syndrome for symptomatic individuals (including stillbirths), clarification of intent edits. Added criteria from Chromosomal Microarray for Prenatal Diagnosis and restructured to accommodate; All sections: added relevant info so guideline applies to CMA testing in the prenatal and postnatal setting Moved “Criteria” and “Billing and Reimbursement” sections to the beginning of the guideline for streamlined reviews, ensured readability and updated language, admin updates; Guidelines & Evidence: Updated. References: Updated. TITLE CHANGE: Chromosomal Microarray Testing For Developmental Disorders (Prenatal and Postnatal)
Prader-Willi Syndrome Testing	MOL.TS.217.A	81331, 81228, S3870, 81229, 81349, 88271	Criteria: Added new indication to methylation testing and deletion testing sections for neonatal hypotonia and feeding problems Moved “Criteria” section to the beginning of the guideline for streamlined reviews, admin edits (added abbreviation and "genetic" to introduction), Background:

			updated; Test information: updated; Guidelines and Evidence: updated; References: updated.
Somatic Mutation Testing-Solid Tumors	MOL.TS.230.A	81450; Added new PLA codes 0444U, 0448U	Criteria: Added confirmed or suspected diagnosis of myelodysplastic syndrome (MDS) as indication for a multigene panel Added criteria from Somatic Mutation - Hematological Malignancies as these guidelines have been combined (and made required edits and additions throughout), TITLE CHANGE: to Somatic Mutation Testing Clarification of intent edit specifying that clonoSEQ is approvable at diagnosis and once (added) for assessment after primary treatment, Clarification of intent edit to Note regarding methodology for MSI testing (molecular vs non-molecular), Admin edit in Other Considerations. Clarification of intent edits in Billing & Reimbursement regarding billing of panels for hematologic malignancies. Moved “Criteria” and “Billing and Reimbursement” sections to the beginning of the guideline for streamlined reviews, ensured readability and updated language, as needed, due to the moving of sections; CPT Code table: added new PLA codes 0444U and 0448U and added MYD88 mutation analysis 81305, BTK gene analysis 81233, PLCG gene analysis 81320 and Leukostrat CDx FLT3 Assay 0023U; References: updated.
Gastrointestinal Pathogen Panel (GIPP) Molecular Testing	MOL.CS.277.A	87505, 87506, 87507, 0369U	Criteria: Criteria: expanded acute diarrhea indications to acute diarrhea or moderate to severe GI infection to be aligned with CMS and added ICD code table to reflect appropriate diagnosis codes for this indication, expanded Immunocompromise ICD table to be aligned with CMS Moved “Criteria” and “Billing and Reimbursement” sections to the beginning of the guideline for streamlined reviews; clarification of medical necessity language to align with definitions published by eviCore.

Molecular Respiratory Infection Pathogen Panel (RIPP) Molecular Testing	MOL.CS.293.A	87636, 87637, 87631, 87632, 87633, 0202U, 0115U, 0225U, 0223U, 0373U, 0240U, 0241U	Criteria: Expanded Immunocompromise ICD table to be aligned with CMS Clarification of intent edit in billing and reimbursement to strengthen language regarding billing only for medically necessary organisms regardless of panel performed; Moved “Criteria” and “Billing and Reimbursement” sections to the beginning of the guideline for streamlined reviews; Guidelines and Evidence: incorporated current EviCore HTA; References: updated.
Whole Genome Sequencing	MOL.TS.306.A	81425, 81426, 81427, 0213U, 0212U, 0267U, 0265U, 0094U, 0425U, 0426U	Criteria: Added coverage for Genome sequencing in the outpatient pediatric population with medical necessity requirements similar to exome sequencing Moved “Criteria” section to the beginning of the guideline for streamlined reviews; ensured readability and updated language, as needed, due to the moving of sections, updated language from investigational and/or experimental (I&E) to experimental, investigational, or unproven (E/I/U) to align with definitions published by eviCore; added 'Rendering laboratory is a qualified provider of service per the Health Plan policy.' ; added Billing and Reimbursement section, TITLE CHANGE: Genome Sequencing.
Helicobacter pylori Noninvasive Laboratory Testing	MOL.CS.318.X	86677	Criteria: H. pylori antibody testing (CPT 86677), which previously had coverage criteria, was updated to not medically necessary for any indication within the scope of the guideline (per recommendations from American College of Gastroenterology, North American Society for Pediatric Gastroenterology, Hepatology & Nutrition, and American Academy of Family Physicians) Moved “Criteria” and “Billing and Reimbursement” sections to the beginning of the guideline for streamlined reviews; updated language from investigational and/or experimental (I&E) to experimental, investigational, or unproven (E/I/U) to align with definitions published by eviCore; ensured readability and updated language, as needed, due to the moving of sections;

			added "Exclusions and Other Considerations" to clarify that public health uses of antibody testing are out of scope of this guideline. Background: Updated. Guidelines & Evidence: Updated (see list of new guidelines to the right); References: Updated.
Human Immunodeficiency Virus Laboratory Testing	MOL.CS.321.X	87901, 87906, 0219U	Criteria: Added indication for InSTI genotyping prior to antiretroviral therapy when there is suspicion that infection was transmitted from a partner with InSTI failure or if the individual previously received PrEP with cabotegravir. This was previously E/I/U Moved “Criteria” and “Billing and Reimbursement” sections to the beginning of the guideline for streamlined reviews; updated language from investigational and/or experimental (I&E) to experimental, investigational, or unproven (E/I/U) to align with definitions published by eviCore; ensured readability and updated language, as needed, due to the moving of sections. Background: Updated. Test Information: Updated. Guidelines & Evidence: Updated. References: Updated.
Vitamin D Testing	MOL.CS.331.X	82306, 0038U	Criteria: Changes to vitamin D, 25 hydroxy testing approvable ICD code table: removed ICD codes K75.81, K76.0, and K76.89 (per AASLD and American Association of Clinical endocrinology guidelines for nonalcoholic fatty liver disease) and added Z90.3 (per Endocrine Society 2017 clinical practice guideline on pediatric obesity). Moved “Criteria” and “Billing and Reimbursement” sections to the beginning of the guideline for streamlined reviews; ensured readability and updated language, as needed, due to the moving of sections; clarification of medical necessity language to align with definitions published by eviCore; Background: Updated. Test Information: Updated. Guidelines & Evidence: Updated. References: Updated.

Testosterone Testing	MOL.CS.376.X	REMOVED: 82626, 82627, 82670, 82681, 82671, 83001, 83002	Criteria: Removed codes and medical necessity criteria for tests that are now addressed by new guideline, Reproductive Hormone Testing in Adults: Follicle stimulating hormone, luteinizing hormone, estradiol, DHEA and DHEA-S Moved “Criteria” and “Billing and Reimbursement” sections to the beginning of the guideline for streamlined reviews; updated language from investigational and/or experimental (I&E) to experimental, investigational, or unproven (E/I/U) to align with definitions published by eviCore; ensured readability and updated language, as needed, due to the moving of sections; Test Information: Updated. Guidelines & Evidence: Updated. References: Updated.
Erythrocyte Sedimentation Rate	MOL.CS.392.X	85651, 85652	Criteria: Changes to ESR testing approvable ICD code table: removed ICD codes K50.X and K51.X (per American College of Gastroenterology 2018 and American Gastroenterological Association 2019 guidelines); added M46.2X (per Infectious Diseases Society of America 2015 and French-Speaking Society of Infectious Pathology 2023 guidelines) Moved “Criteria” and “Billing and Reimbursement” sections to the beginning of the guideline for streamlined reviews; ensured readability and updated language, as needed, due to the moving of sections; admin edits; Background: updated; Test Information: updated; Guidelines & Evidence: updated; References: updated.
Investigational and Experimental Laboratory Testing	MOL.CU.117.XK	added 0349U, 0440U, 0446U, 0447U, 0442U, 0441U	Throughout guideline: updated language from investigational and/or experimental (I&E) to experimental, investigational, or unproven (E/I/U) to align with definitions published by eviCore; Added new PLA codes: aisle DX Disease Activity Index (0446U); aisle DX Flare Risk Index (0447U); Epi+Gen CHDTM (0439U); FebriDx Bacterial/Non-Bacterial Point-of-Care Assay (0442U); IntelliSep test (0441U); PrecisionCHDTM (0440U), edited name of IntelxDKD to kidneyintelX.dkd (0407U), added Bladder EpiCheck (81599); Removed 4q25 atrial fibrillation risk genotype

			(81479) since now addressed in Cardiomyopathy and Arrhythmia guideline (still EIU). TITLE CHANGE: updated title to Experimental, Investigational, or Unproven Laboratory Testing.

There are an additional 143 coverage guidelines that criteria was changed with no impacts.

As of January 1, 2023, 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 Laboratory Management utilizing the following pathway:

- Provider Resource Center→Medical Policy Search→Medical Policies→EVICORE CLINICAL GUIDELINES (top blue bar)→EVICORE CLINICAL GUIDELINES (body of page)→Access Guidelines→ Laboratory Management →*Search Health Plan* by typing in Highmark→Click on Highmark and then click on magnifying glass→Click on FUTURE→ Click on the Laboratory Management Guideline

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