

MEDICAL POLICY UPDATE

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Policy

This notification provides an overview of upcoming medical policy changes affecting our Commercial and Medicare Advantage lines of business. Details are outlined in the tables below.

For new policies or those with updated criteria, a direct link is provided in the title of each policy. This link will allow you to view a draft version highlighting the specific changes. Within the draft, additions to the policy are indicated by red underlined text, while deletions are shown as highlighted text with a strikethrough.

Commercial Policy Changes

Policy Change	Commercial Policy Number and Title	Anticipated Issue Date	Impacted States
Archiving	E-5 - Tumor Treatment Fields	10/13/2025	All
Archiving	I-285 - Fidanacogene elaparovvec-dzkt (Beqvez)	10/27/2025	All
Archiving	M-94 - Somatostatin Receptor Scintigraphy	10/6/2025	All
Archiving	S-285 - Spinal Cord and Dorsal Root Ganglion Stimulation	7/18/2025	Pennsylvania, Delaware, West Virginia
Archiving	X-588 - Thyroid Carcinoma Metastases Imaging	10/6/2025	All
No Change in Coverage	E-49 - Seat Lift Mechanisms	10/13/2025	All
No Change in Coverage	I-149 - Chelation Therapy for Off-Label Uses	10/6/2025	All
No Change in Coverage	I-173 - Edaravone (Radicava)	10/13/2025	All
No Change in Coverage	I-199 - Interleukin-23 Antagonists (Ilumya SC and Skyrizi IV)	10/13/2025	All
No Change in Coverage	I-214 - Luspatercept (Reblozyl)	10/6/2025	All
No Change in Coverage	I-253 - Betibeglogene autotemcel (Zynteglo)	10/20/2025	All

No Change in Coverage	I-259 - Entranacogene dezaparvovec (Hemgenix)	10/20/2025	All
No Change in Coverage	I-271 - Valoctocogene Roxaparvovec-rvox (Roctavian)	10/20/2025	All
No Change in Coverage	I-282 - Lovotibeglogene autotemcel (Lyfgenia)	10/27/2025	All
No Change in Coverage	I-76 - Ziconotide (Prialt)	10/13/2025	All
No Change in Coverage	I-90 - Abatacept (Orencia)	10/20/2025	All
No Change in Coverage	L-284 - Laboratory Testing: Medical Necessity	10/13/2025	New York
No Change in Coverage	L-285 - General Approach to Genetic Testing	10/13/2025	New York
No Change in Coverage	M-34 - Electroencephalogram	10/20/2025	All
No Change in Coverage	M-81 - Implantable Pulmonary Artery Pressure Measurement Device	10/13/2025	All
No Change in Coverage	M-88 - Mobile Cardiac Outpatient Telemetry (MCOT)	10/13/2025	All
No Change in Coverage	Q-5 - Ambulance Services: Air and Water	10/13/2025	All
No Change in Coverage	S-118 - Small Bowel, Small Bowel/Liver and Multivisceral Transplant	10/13/2025	All
No Change in Coverage	S-141 - Ablation of Liver Tumors	10/13/2025	All
No Change in Coverage	S-180 - Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions	10/27/2025	All
No Change in Coverage	S-186 - Magnetic Resonance Imaging (MRI)-Guided Focused Ultrasound Surgery (MRgFUS)	10/13/2025	All
No Change in Coverage	S-315 - Hip Surgery: Labral Repair or Reconstruction	10/20/2025	New York
No Change in Coverage	S-316 - Hip Surgery: Femoroacetabular Impingement (FAI)	10/20/2025	New York
No Change in Coverage	S-317 - Hip Surgery: Avascular Necrosis (AVN)	10/20/2025	New York
No Change in Coverage	S-318 - Hip Surgery: Synovectomy	10/20/2025	New York
No Change in Coverage	S-319 - Hip Surgery: Open or Arthroscopic	10/20/2025	New York
No Change in Coverage	S-325 - Lysis of Epidural Adhesions	10/13/2025	New York
No Change in Coverage	S-582 - Cervical Fusion, Anterior	10/20/2025	New York
No Change in Coverage	S-585 - Cervical Laminectomy	10/20/2025	New York
No Change in Coverage	X-21 - Mammography	10/29/2025	All
No Change in Coverage	X-584 - Computed Tomography Perfusion Imaging of the Brain	10/6/2025	New York

No Change in Coverage	Z-104 - Basivertebral Nerve Ablation	10/6/2025	All
No Change in Coverage	Z-27 - Eligible Providers	10/13/2025	All
New Policy	E-92 - Alternating Electric Field Therapy-MCG*	10/13/2025	All
New Policy	G-50 - Prademagene zamikeracel (Zevaskyn)	9/1/2025	All
New Policy	I-306 - Injectable Dermal Fillers for Cosmetic Procedures	9/8/2025	All
New Policy	M-89 - Remote Patient Monitoring	11/24/2025	All
Criteria Update	E-9 - Non-Custom/Custom-Made Gradient Compression Garments/Stockings/Sleeves	10/13/2025	All
Criteria Update	G-49 - Beremagene geperpavec-svdt (Vyjuvek)	9/1/2025	All
Criteria Update	I-122 - Treatment of Hereditary Angioedema (HAE)	9/8/2025	All
Criteria Update	I-129 - Vedolizumab (Entyvio)	10/13/2025	All
Criteria Update	I-218 - Crizanlizumab-tmca (Adakveo)	10/6/2025	All
Criteria Update	I-27 - Certolizumab (Cimzia)	10/20/2025	All
Criteria Update	I-273 - ADAMTS13, recombinant-krhn (Adzynma)	10/20/2025	All
Criteria Update	I-280 - Secukinumab (Cosentyx)	10/20/2025	All
Criteria Update	I-288 - Imetelstat (Rytelo)	9/1/2025	All
Criteria Update	I-305 - Intravesical Mitomycin (Zusduri)	9/1/2025	All
Criteria Update	I-35 - Golimumab (Simponi, Simponi Aria)	10/20/2025	All
Criteria Update	I-37 - Ustekinumab (Stelara) and Ustekinumab Biosimilars	9/1/2025	All
Criteria Update	I-38 - Rituximab (Rituxan), Rituximab Biosimilars, and Rituximab and Hyaluronidase Human (Rituxan Hycela)	10/13/2025	All
Criteria Update	I-4 - Hemophilia Treatment Clotting Factors/Coagulant Blood Products	9/29/2025	All
Criteria Update	L-28 - Tumor Markers	12/8/2025	All
Criteria Update	S-262 - Eustachian Tube Balloon Dilation	10/13/2025	All
Criteria Update	S-275 - Prostate Disease: Diagnosis, Staging, and Treatment	11/24/2025	All
Criteria Update	S-281 - Percutaneous Tenotomy	10/13/2025	All
Criteria Update	S-333 - Osteotomy, Metatarsal	10/13/2025	All
Criteria Update	S-568 - Septoplasty- MCG*	10/13/2025	All
Criteria Update	S-579 - TAVR- MCG*	10/13/2025	All

Criteria Update	S-589 - Functional Endoscopic Sinus Surgery (FESS)- MCG*	10/13/2025	All
Criteria Update	S-67 - Cochlear Implantation	12/8/2025	All
Criteria Update	Z-112 - Epidural Corticosteroid Injection-MCG*	10/13/2025	New York

***MCG Customized Guidelines will be available on the issue date**

Medicare Advantage Policy Changes

Policy Category	Medicare Advantage Policy Number and Title	Anticipated Issue Date	Impacted States
Archiving	MA I-296 - Fidanacogene elaparvovec-dzkt (Beqvez)	10/27/2025	All
No Change in Coverage	MA G-55 - Beremagene geperpavec-svdt (Vyjuvek)	9/1/2025	All
No Change in Coverage	MA I-173 - Edaravone (Radicava)	10/13/2025	All
No Change in Coverage	MA I-184 - Certolizumab (Cimzia)	10/20/2025	All
No Change in Coverage	MA I-199 - Interleukin-23 Antagonists	10/13/2025	All
No Change in Coverage	MA I-218 - Golimumab (Simponi, Simponi Aria)	10/20/2025	All
No Change in Coverage	MA I-221 - Crizanlizumab-tmca (Adakveo)	10/6/2025	All
No Change in Coverage	MA I-223 - Luspatercept (Reblozyl)	10/6/2025	All
No Change in Coverage	MA I-269 - Entranacogene dezaparvovec (Hemgenix)	10/20/2025	All
No Change in Coverage	MA I-280 - Valoctocogene Roxaparvovec-rvox (Roctavian)	10/20/2025	All
No Change in Coverage	MA I-289 - Secukinumab (Cosentyx)	10/20/2025	All
No Change in Coverage	MA I-291 - Lovotibeglogene autotemcel (Lyfgenia)	10/27/2025	All
No Change in Coverage	MA I-292 - ADAMTS13, recombinant-krhn (Adzynma)	10/20/2025	All
No Change in Coverage	MA I-299 - Betibeglogene autotemcel (Zynteglo)	10/20/2025	All
No Change in Coverage	MA I-90 - Abatacept (Orencia)	10/20/2025	All
New Policy	MA G-56 - Prademagene zamikerace (Zevaskyn)	9/1/2025	All
Criteria Update	MA I-122 - Treatment of Hereditary Angioedema (HAE)	9/8/2025	All
Criteria Update	MA I-129 - Vedolizumab (Entyvio)	10/13/2025	All
Criteria Update	MA I-139 - Ustekinumab (Stelara) and Ustekinumab Biosimilars	9/1/2025	All
Criteria Update	MA I-298 - Imetelstat (Rytelo)	9/1/2025	All

Criteria Update	MA I-313 - Intravesical Mitomycin (Zusduri)	9/1/2025	All
Criteria Update	MA I-38 - Rituximab	10/13/2025	MA Delaware, MA Pennsylvania, MA New York



Policy

Additional Notifications

MCG Custom Guideline Number Changes



Highmark Blue Cross Blue Shield has updated the numbers for customized MCG guidelines. Please see the table below for the old and new policy numbers.

These changes went into effect on August 11, 2025.

Customized MCG Guideline Number	Title	New Policy Section	New Number
A-0001	HMK Cardiac Cath and Angiography	Diagnostic Medical	M-93
A-0048	HMK Breast MRI	Radiology	X-586
A-0087	HMK Somatostatin Receptor Scintigraphy	Diagnostic Medical	M-94
A-0101	HMK Breast Ultrasound	Radiology	X-587
A-0167	HMK Cardiac Pacemaker Implantation or Replacement	Surgery	S-347
A-0171	HMK Sclerotherapy Plus Ligation, Saphenofemoral Junction	Surgery	S-348
A-0172	HMK Saphenous Vein Stripping	Surgery	S-349
A-0174	HMK Saphenous Vein Ablation, Radiofrequency	Surgery	S-567
A-0182	HMK Septoplasty	Surgery	S-568
A-0184	HMK Rhinoplasty	Surgery	S-591
A-0225	HMK Epidural Corticosteroid Injection	Miscellaneous	Z-112
A-0250	HMK Hyperbaric Oxygen	Therapy	S-588
A-0270	HMK Brachytherapy	Radiation Therapy & Nuclear Medicine	R-108
A-0340	HMK Intermittent Pneumatic Compression with Extremity Pump	DME	E-91

A-0423	HMK Stereotactic Radiosurgery	Radiation Therapy & Nuclear Medicine	R-109
A-0425	HMK Saphenous Vein Ablation, Laser	Surgery	S-569
A-0455	HMK Intensity Modulated Radiation Therapy	Radiation Therapy & Nuclear Medicine	R-110
A-0532	HMK Breast Cancer Gene Expression Assays	Lab	L-312
A-0579	HMK Thyroid Carcinoma Metastases Imaging	Radiology	X-588
A-0694	HMK Stereotactic Body Radiotherapy	Radiation Therapy & Nuclear Medicine	R-111
A-0735	HMK Stab Phlebectomy	Surgery	S-571
A-0930	HMK Alternating Electric Field Therapy	DME	E-92
A-0948	HMK Disk Arthroplasty, Lumbar	Surgery	S-573
A-1024	HMK Saphenous Vein Ablation, Adhesive Injection	Surgery	S-574
A-1025	HMK Saphenous Vein Ablation, Mechanical Occlusion Chemical Ablation (MOCA)	Surgery	S-575
M-157	HMK Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion	Surgery	S-576
P-1015	HMK Renal Transplant, Pediatric	Surgery	S-590
P-795	HMK Liver Transplant, Pediatric	Surgery	S-577
S-1015	HMK Renal Transplant	Surgery	S-578
S-1320	HMK TAVR	Surgery	S-579
S-310	HMK Cervical Discectomy or Microdiscectomy, Foraminotomy, Laminotomy	Surgery	S-581
S-320	HMK Cervical Fusion, Anterior	Surgery	S-582
S-330	HMK Cervical Fusion, Posterior	Surgery	S-583
S-340	HMK Cervical Laminectomy	Surgery	S-585
S-795	HMK Liver Transplant	Surgery	S-586
S-820	HMK Lumbar Fusion	Surgery	S-587



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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