

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 (Erbixux)	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 (Margenza)	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 (Margenza)	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. Coding updated. Additional criteria added for coverage. Minor administrative changes made. No change to the mandates for DE and NY. Updated professional guidelines.
L-300 - Genetic Risk Stratification for Skin Cancer NY only	06/09/2025	This NY only policy was revised for clarification.
L-310 - Multitarget Polymerase Chain Reaction Testing for Diagnosis of Bacterial Vaginosis – NY only	06/02/2025	This is a new medical policy for NY only.
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 Tyenke 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 archived. 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.



Policy

New Policy: Highmark has established new criteria for Multitarget Polymerase Chain Reaction Testing for Diagnosis of Bacterial Vaginosis



Highmark has established a new commercial policy for multitarget polymerase chain reaction testing for the diagnosis of bacterial vaginosis.

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

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy L-310, Multitarget Polymerase Chain Reaction Testing for Diagnosis of Bacterial Vaginosis, for additional information.

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



Highmark 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 has established new criteria for Remestemcel-L-rknd (Ryoncil)



Highmark 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 has revised the criteria for Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease



Highmark 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.



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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