

# MEDICAL POLICY UPDATE

IN THIS ISSUE	
POLICY	. #
Revised Criteria for Septoplasty	6
Biosimilar Preferred Products Established for Ustekinumab	. 6
Coverage Guidelines Established for Zenocutuzumab-zbco (Bizengri)	7
Coverage Guidelines Established for Datopotamab deruxtecan-dlnk (Datroway)	. 7
New Policy: Highmark Blue Shield has established new criteria for screening for Barrett's Esophagus	
(BE) and Esophageal Adenocarcinoma (EAC)	8
Revised Criteria: Highmark Blue Shield has revised the criteria for Intraoperative Neurophysiologic	
Monitoring (Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring)	8
New Highmark Policy for Maternity Ultrasound	. 9

# (Q)

### Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
		This policy is scheduled for annual review.
L-4 - Intraepidermal Nerve Fiber Density Testing	04/07/2025	The current policy criteria will be maintained. This policy will publish on April 7, 2025.
Tibel Delisity Testing	04/01/2023	This is an annual review. Administrative
		changes were made. Coding was updated.
L-194 - Endo Dx	04/07/2025	The policy will publish on April 7, 2025.
L-264 - Serum Biomarker		This is an annual review. Administrative
Panel Testing for Systemic	//	changes were made. The policy will publish
Lupus Erythematosus	04/07/2025	on April 7, 2025.
		This is a new policy for NY only. Criteria has
L-309- Screening for Barrett's		been established for non-invasive screening
Esophagus (BE) and Esophageal Adenocarcinoma		for Barrett's Esophagus (BE) and Esophageal Adenocarcinoma (EAC). The policy will
(EAC)	05/26/2025	publish on May 26, 2025.
	00,20,2020	This policy is up for annual review. There are
MA I-30 - Carboplatin		no indications for a change in coverage at this
(Paraplatin)	04/14/2025	time. Coding was updated per NCCN

		recommendations. Policy will publish on April 14, 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
MA I-32 - Gemcitabine	03/31/2025	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-	03/3 1/2023	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
bound (Abraxane)	03/31/2025	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 (Vyepti)	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 (Vyepti)	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.

		This policy is up for appual review. There are
LOSA Cutinalina ala iama		This policy is up for annual review. There are
I-251 - Sutimlimab-jome	0.4/4.4/0.005	no indications for a change in coverage at this
(Enjaymo)	04/14/2025	time. This policy will publish April 14, 2025.
		This policy is up for annual review. There are
MA I-263 - Sutimlimab-jome		no indications for a change in coverage at this
(Enjaymo)	04/14/2025	time. This policy will publish April 14, 2025.
		This policy is up for annual review. There are
I-264 - Nadofaragene		no indications for a change in coverage at this
firadenovec-vncg (Adstiladrin)	04/28/2025	time. Policy will publish on April 28, 2025.
3 ( )		This policy is up for annual review. There are
I-287 - Nogapendekin alfa		no indications for a change in coverage at this
inbakicept-pmln (Anktiva)	04/28/2025	time. Policy will publish on April 28, 2025.
ilibakicept-pillili (Aliktiva)	04/20/2023	
		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
I-297 - Zenocutuzumab-zbco		pancreatic adenocarcinoma. Policy will
(Bizengri)	03/03/2025	publish on March 3, 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
I-298 - Datopotamab		and chemotherapy. Policy will publish on
deruxtecan-dlnk (Datroway)	03/03/2025	March 3, 2025.
1		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.
		,
NAA L 000 7 t		unresectable or metastatic NSCLC and
MA I -308 - Zenocutuzumab-	00/00/000	pancreatic adenocarcinoma. Policy will
zbco (Bizengri)	03/03/2025	publish on March 3, 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
MAI 200 Deterratement		have received prior endocrine-based therapy
MA I-309 - Datopotamab	00/00/0005	and chemotherapy. Policy will publish on
deruxtecan-dlnk (Datroway)	03/03/2025	March 3, 2025.
		This is an annual review. There are no criteria
		changes, coding updates are being made.
O-28 - Knee Orthosis	03/31/2025	This policy will publish on March 31, 2025
		This is an annual review. Administrative
S-128 - Photodynamic Therapy		changes were made. The policy will publish
(PDT) with Porfimer Sodium	04/07/2025	on April 7, 2025.
1. Difficult of miles obtaining	3 1/31/2320	ip , ====.

Musculoskeletal Conditions and Soft Tissue Wounds  Od/07/2025  Policy is due for annual review. Policy will publish on April 7, 2025.  This policy is an annual review with no recommended revisions and will publish on March 31, 2025.  Policy is due for annual review. Administrative changes made. Policy will publish on April 14, 2025.  This is a new HMK policy created for Maternity Ultrasound. The policy will publish on 3/3/2025  This is a new HMK policy created for Maternity Ultrasound. The policy will publish on 3/3/2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 2025.  This policy will publish on April 7, 2025.  This policy is scheduled for annual review. The policy will publish on April 7, 2025.  This policy will publish on April 7, 2025.  This policy will publish on April 7, 2025.  This policy will publish on March 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.  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.  Policy is due for an annual review. Revisions have been made to mandate language and policy criteria. The policy will publish on April 7, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  Policy is cheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 16, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 16, 2025.  This policy is scheduled for annual review. There are no changes in coverage criteria. The policy will publish on April 17, 2025.	S-157 - Extracorporeal Shock		
and Soft Tissue Wounds  S-273 - Hematopoietic Cell Transplantation: Solid Tumors  S-276 - Blepharoplasty, Repair of Blepharoplasty, Repair of Blepharoptosis, and Treatment of Obstructive Sleep Apnea  Daylot Scheduled for annual review. There are no changes in coverage criteria. The policy is scheduled for annual review. There are no changes in coverage criteria. The policy is scheduled for annual review. There are no changes in coverage criteria. The policy is scheduled for annual review. There are no changes in coverage criteria. The policy is scheduled for an annual review. There are no changes in coverage criteria.	Wave Therapy for		Delievie due fer enquel review Deliev will
S-273 - Hematopoietic Cell Transplantation: Solid Tumors S-276 - Blepharoptasty, Repair of Blepharoptosis, and Repair of Brow Ptosis  O4/14/2025  D4/14/2025  D5/2025.  This is a new HMK policy created for Maternity Ultrasound. The policy will publish on April 14, 2025.  This policy is scheduled for annual review. Administrative changes made. Policy will publish on April 14, 2025.  This is a new HMK policy created for Maternity Ultrasound. The policy will publish on 3/3/2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 2025.  This policy will publish on April 7, 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  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.  Policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025. This policy is scheduled for annual review. The current policy criteria will be maintained. This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy criteria will be maintained. This policy will publish on April 7, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. There are no changes in coverage criteria. The policy is scheduled for an annual review. There are no changes in coverage criteria. The policy is scheduled for an annual review. There are no changes in coverage criteria.		04/07/2025	
S-273 - Hematopoietic Cell Transplantation: Solid Tumors S-276 - Blepharoplasty, Repair of Blepharoptosis, and Repair of Brow Ptosis  U-9 - Maternity Ultrasound  O3/03/2025  V-45 - Medication Assistance for Methadone Treatment  V-59 - Contraceptive Management  O3/31/2025  Management  O3/31/2025  O3/31/2025  This policy is scheduled for annual review. No indications have been made to mandate language and policy criteria. The policy will publish on March 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.  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.  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.  Policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. This policy is scheduled for annual review.  Policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for annual review. Administrative changes in coverage criteria. The policy will publish on March 31, 2025.  This policy is scheduled for annual review. There are no changes in coverage criteria. The policy will publish on March 31, 2025.  This policy is scheduled for annual review. There are no changes in coverage criteria. The poli	and Soit rissue Wounds	04/07/2023	This policy is an appual review with no
Transplantation: Solid Tumors S-276 - Blepharoplasty, Repair of Blepharoptosis, and Repair of Blepharoptosis, and Repair of Blepharoptosis, and Repair of Brow Ptosis  O4/14/2025 D4/14/2025 D5/15 - Medication Assistance for Methadone Treatment  V-45 - Medication Assistance for Methadone Treatment  V-59 - Contraceptive Management  V-59 - Contraceptive Management  O3/31/2025 D3/31/2025 D3/31/2025 D3/31/2025 D3/31/2025 D3/31/2025 D3/31/2025 D3/31/2025 D3/31/2025 D4/07/2025 D5/15 - Medication Assistance for Methadone Treatment  O4/07/2025 D5/15 - Medication Assistance for Methadone Treatment  O3/31/2025 D5/15 - Medication Assistance for Methadone Treatment for John April 7, 2025. This policy will publish on April 7, 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.  P6/16 - Methadone Treatment for John Methadone Trea	S-273 - Hematonoietic Cell		
S-276 - Blepharoplasty, Repair of Blepharoptosis, and Repair of Brow Ptosis  O4/14/2025  D4/14/2025  D5/16/2025  D5/16/2026  D		03/31/2025	
of Blepharoptosis, and Repair of Brow Ptosis  O4/14/2025  This is a new HMK policy created for Maternity Ultrasound. The policy will publish on 3/3/2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on March 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.  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  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.  Policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 2025.  Policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  Policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. There are no changes in coverage criteria. The policy will publish on April 7, 2025.		00/01/2020	
of Brow Ptosis  04/14/2025  This is a new HMK policy created for Maternity Ultrasound. The policy will publish on 3/3/2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. 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.  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.  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-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  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for annual review. There are no changes in coverage criteria.  The policy will publish on March 31, 2025.  This policy will publish on March 31, 2025.  The policy will publish on March 31, 2025.  The policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria.			
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  V-59 - Contraceptive Management  V-50 - Contraceptive Management  V-50 - Contraceptive Management  V-50 - Contrac		04/14/2025	
U-9 - Maternity Ultrasound  O3/03/2025  This policy is scheduled for annual review. The current policy will publish on Agril 7, 2025.  This policy is scheduled for annual review. The policy will publish on April 7, 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  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  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.  Policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 17, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 17, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for annual review. There are no changes in coverage criteria. The policy will publish on March 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.  This policy is scheduled for an annual review. There are no changes in coverage criteria. The policy will publish on March 31, 2025.	3. 2. 3	• · · · · · · · · · · · · · · · · · · ·	
U-9 - Maternity Ultrasound  V-45 - Medication Assistance for Methadone Treatment  O4/07/2025  This policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 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  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  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.  Policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria.  The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria.  This policy is scheduled for an annual review. There are no changes in coverage criteria.			
V-45 - Medication Assistance for Methadone Treatment  O4/07/2025  This policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 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  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-59 - Contraceptive Management  O3/31/2025  This policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 2025.  Policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria.  The policy will publish on March 31, 2025.  This policy will publish on March 31, 2025.  The policy is scheduled for an annual review. There are no changes in coverage criteria.	U-9 - Maternity Ultrasound	03/03/2025	
for Methadone Treatment  O4/07/2025  This policy will publish on April 7, 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  Management  O3/31/2025  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.  Policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. This policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria.  The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria.			This policy is scheduled for annual review.
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  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-59 - Contraceptive Management  O3/31/2025  Management  O3/31/2025  Policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 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  O4/07/2025  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria.  The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria.	V-45 - Medication Assistance		The current policy criteria will be maintained.
V-59 - Contraceptive Management  O3/31/2025  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.  Policy is due for an annual review. Administrative changes made. Coding Lymphedema  O4/07/2025  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 2025.  Policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for annual review. Administrative changes in coverage criteria. There are no changes in coverage criteria. The policy will publish on March 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.  This policy is scheduled for an annual review. There are no changes in coverage criteria.	for Methadone Treatment	04/07/2025	
V-59 - Contraceptive Management  O3/31/2025  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.  Policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. Therapy  O4/07/2025  This policy is scheduled for annual review. The current policy criteria will be maintained. This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria.  The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria.			
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  Y-22 - Opioid Dependence Therapy  04/07/2025  This policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria. The policy will publish on March 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.  This policy is scheduled for an annual review. There are no changes in coverage criteria. The policy will publish on March 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.  Policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. Therapy  O4/07/2025  This policy will publish on April 7, 2025.  This policy will publish on April 7, 2025.  Policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria. The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria. This policy is scheduled for an annual review. There are no changes in coverage criteria.			
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  Y-22 - Opioid Dependence Therapy  Z-1 - Ultraviolet Light Therapies  Z-8 - Diagnosis and Treatment of Obstructive  Z-64 - Diagnosis and Treatment of Obstructive  Nalage and policy criteria. The policy will publish on March 31, 2025. DE only.  Revisions have been made to mandate language and policy criteria. The policy will publish on March 31, 2025. DE only.  Policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria.  The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria.  This policy is scheduled for an annual review. There are no changes in coverage criteria.	Management	03/31/2025	
V-59 - Contraceptive Management  O3/31/2025  Policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. Therapy  O4/07/2025  This policy will publish on April 7, 2025.  Policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. Administrative changes made Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria. The policy will publish on March 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.  This policy is scheduled for an annual review. There are no changes in coverage criteria. The policy will publish on March 31, 2025.			
Management  O3/31/2025  Publish on March 31, 2025. DE only.  Policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. Therapy  O4/07/2025  This policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding Updated. Policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding Updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria. The policy will publish on March 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.  This policy is scheduled for an annual review. There are no changes in coverage criteria. The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria.			
Policy is due for an annual review. Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. Therapy  O4/07/2025  This policy will publish on April 7, 2025.  This policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria. The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria. This policy is scheduled for an annual review. There are no changes in coverage criteria.		00/04/0005	
Y-11 - Treatments for Lymphedema  04/07/2025  Administrative changes made. Coding updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. This policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding Therapies  04/07/2025  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria. The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria. This policy is scheduled for an annual review. There are no changes in coverage criteria.	Management	03/31/2025	publish on March 31, 2025. DE only.
Lymphedema  O4/07/2025  updated. Policy will publish on April 7, 2025.  This policy is scheduled for annual review. The current policy criteria will be maintained. Therapy  O4/07/2025  Policy is scheduled for annual review. Administrative changes made. Coding Updated. Policy will publish on April 15, 2025.  This policy will publish on April 15, 2025.  This policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria. The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria. This policy is scheduled for an annual review. There are no changes in coverage criteria.	VAA Too store outs for		
This policy is scheduled for annual review. The current policy criteria will be maintained. Therapy  O4/07/2025  This policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria. The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria.		04/07/2025	
Y-22 - Opioid Dependence Therapy  O4/07/2025  This policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. Administrative changes made of April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria. The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. The policy will publish on March 31, 2025.  The policy will publish on March 31, 2025.  The policy is scheduled for an annual review. There are no changes in coverage criteria.	Lymphedema	04/07/2025	
Therapy 04/07/2025 This policy will publish on April 7, 2025.  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria. The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria. There are no changes in coverage criteria.	V 22 Onioid Dependence		
Policy is scheduled for annual review.  Z-1 - Ultraviolet Light Therapies  04/15/2024  Z-8 - Diagnosis and Treatment of Obstructive Sleep Apnea  Z-64 - Diagnosis and Treatment of Obstructive  Policy is scheduled for annual review. Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria.  This policy is scheduled for an annual review. There are no changes in coverage criteria.		04/07/2025	
Z-1 - Ultraviolet Light Therapies  04/15/2024  Administrative changes made. Coding updated. Policy will publish on April 15, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria.  The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. The policy will publish on March 31, 2025.  This policy is scheduled for an annual review. There are no changes in coverage criteria.	Петару	04/07/2023	
Therapies 04/15/2024 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 There are no changes in coverage criteria.	7-1 - Ultraviolet Light		
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 There are no changes in coverage criteria.		04/15/2024	
Z-8 - Diagnosis and Treatment of Obstructive Sleep Apnea 03/31/2025 The policy will publish on March 31, 2025.  Z-64 - Diagnosis and Treatment of Obstructive There are no changes in coverage criteria.  There are no changes in coverage criteria.  This policy is scheduled for an annual review. There are no changes in coverage criteria.	Погаріоз	UT/ 1U/2U2 <del>T</del>	
of Obstructive Sleep Apnea 03/31/2025 The policy will publish on March 31, 2025.  Z-64 - Diagnosis and This policy is scheduled for an annual review.  Treatment of Obstructive There are no changes in coverage criteria.	7-8 - Diagnosis and Treatment		
Z-64 - Diagnosis and Treatment of Obstructive There are no changes in coverage criteria.		03/31/2025	
Treatment of Obstructive There are no changes in coverage criteria.		00/01/2020	
, Cloup Aprilia   DOJO 1/2020   THE PUNDY WIII PUDNOH OH MICHOLD I. 2020.	Sleep Apnea	03/31/2025	The policy will publish on March 31, 2025.

### **Revised Criteria for Septoplasty**



Highmark 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 27<sup>th</sup>, 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 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-aauz (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 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 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 Shield has established new criteria for screening for Barrett's Esophagus (BE) and Esophageal Adenocarcinoma (EAC).



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



Highmark 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.

Write to us at <a href="mailto:medicalpolicy@highmark.com">medicalpolicy@highmark.com</a>



### eSubscribe

Subscribe to receive electronic email updates and stay informed about changes to medical policies. Sign up here: <a href="Provider Resource Center">Provider Resource Center</a>



### **About this Newsletter**

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 <u>Provider Resource Center</u>.

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Note: This publication may contain certain administrative requirements, policies, procedures, or other similar requirements of Highmark Inc. (or changes thereto) as well as interpretations of certain administrative requirements, policies and procedures (hereinafter collectively "requirements") which are binding upon Highmark Inc. and its contracted providers. Therefore, the requirements in this publication supplement the Provider Manual. Pursuant to their contract, Highmark Inc. and such providers must comply with any requirements included herein unless and until such item(s) are subsequently modified in whole or in part.