HIGHMARK

July 2025

MEDICAL POLICY UPDATE

IN THIS ISSUE

Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
A-0001 - Cardiac Cath and Angiography	9/1/2025	This guideline was scheduled for annual review. The procedure codes that were on the customized guideline have been added to the MCG guideline. The guideline will be fully adopted and the customized guideline will be unpublished.
A-0532 - Breast Cancer Gene Expression Assays	9/1/2025	This guideline was scheduled for annual review. There are no indications for a change in coverage.
B-1 - Coverage for Hearing Aids	9/1/2025	This is a DE only policy for annual review. There are no recommended changes
B-11 - Out of Network Specialists	9/1/2025	This is an annual review for DE only policy. No changes are recommended.
E-46 - Electrical Stimulation Devices for the Treatment of Arthritis	9/15/2025	Policy due for annual review.

G-26 - Electroconvulsive Therapy	9/8/2025	Policy due for annual review.
I-26 - Autologous Cellular Immunotherapy for Prostate Cancer	9/15/2025	This policy is up for annual review. There are no indications for a change in coverage at this time.
MA I-75 NY - Bevacizumab (Avastin) and Bevacizumab Biosimilars	9/15/2025	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-86 - Bevacizumab (Avastin) and Bevacizumab Biosimilars	9/15/2025	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-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	7/28/2025	This policy is being revised to add criteria for the recently FDA approved expanded indication for Keytruda. Keytruda is now indicated as neoadjuvant treatment for individuals with resecetable locally advanced head and neck squamous cell carcinoma.
I-130 - Complement Inhibitors	9/15/2025	This policy is up for annual review. Administrative language updates and updates to gMG criteria to align with other policies in the same category.
MA I-130 - Complement Inhibitors	9/15/2025	This policy is up for annual review with no indication for a change in coverage.
I-147 - Talimogene Laherparepvec (Imlygic)	9/22/2025	This policy is up for annual review. There are no indications for a change in coverage at this time.
MA I-147 - Talimogene Laherparepvec (Imlygic)	9/22/2025	This policy is up for annual review. There are no indications for a change in coverage at this time.
I-175 - Octreotide acetate (Sandostatin, Sandostatin LAR) and Lanreotide (Somatuline Depot)	9/22/2025	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-175 - Octreotide acetate (Sandostatin, Sandostatin LAR) and Lanreotide (Somatuline Depot)	9/22/2025	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-201 - Treatment of Transthyretin-Mediated Amyloidosis	9/1/2025	This policy is up for annual review. Administrative changes were made to the policy.
MA I-201 - Treatment of Transthyretin-Mediated Amyloidosis	9/1/2025	This policy is up for annual review with no indications for a change in coverage at this time.
I-209 - Emapalumab-lzsg (Gamifant)	7/28/2025	This policy has been annually reviewed and includes expanded indication for treatment of MAS in Still's disease.
MA I-209 - Emapalumab-lzsg (Gamifant)	9/15/2025	This policy is up for annual review with no indication for a change in coverage at this time.
I-226 - Tafasitamab-cxix (Monjuvi)	7/28/2025	This policy is being updated to include criteria for the FDA approved expanded indication for treatment of relapsed or refractory follicular lymphoma.
I-233 - Lumasiran (Oxlumo)	9/15/2025	This policy is up for annual review with no indication for a change in coverage at this time.
I-234 - Naxitamab (Danyelza)	9/22/2025	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-240 - Lumasiran (Oxlumo)	9/15/2025	This policy is up for annual review with no indication for a change in coverage at this time.
MA I-242 - Naxitamab (Danyelza)	9/22/2025	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-254 - Spesolimab (Spevigo)	9/15/2025	This policy is up for annual review with no indication for a change in coverage.
I-255 - Tenecteplase (TNKase)	9/1/2025	This policy is up for annual review. This policy was originally created to allow for coverage for the off-label use of TNKase for acute ischemic stroke. TNKase officially received an FDA approved indication for stroke in February 2025 so recommend archiving policy.
MA I-264 - Spesolimab (Spevigo)	9/15/2025	This policy is up for annual review with no indication for a change in coverage.
I-268 - Tofersen (Qalsody)	9/8/2025	This policy is up for annual review. This policy is being revised to establish coverage criteria for tofersen (Qalsody) which was previously considered experimental/investigational by Highmark.
I-272 - Rozanolixizumab-noli (Rystiggo)	9/15/2025	This policy is up for annual review with administrative changes.
I-281 - Exagamglogene autotemcel	7/28/2025	This policy is being updated to eliminate the statement regarding additional genotypes will be considered on a case-by-case basis.
MA I-282 - Rozanolixizumab-noli (Rystiggo)	9/15/2025	This policy is up for annual review with administrative changes.
I-298 - Datopotamab deruxtecan-dlnk (Datroway)	7/28/2025	This policy is being revised to include criteria for Datroway's recent FDA approved indication for adults with locally advanced or metastatic EGFR mutated non-small cell lung cancer (NSCLC) who have received prior EGFR-directed therapy and platinum-based chemotherapy.
MA I-302 - Tofersen (Qalsody)	9/8/2025	This is a new policy for tofersen (Qalsody). Coverage criteria is aligned with standardized MA policy language.
I-304 - Pennsylvania Step Therapy Override Exception	7/28/2025	This is a new policy being established for Pennsylvania step therapy exceptions.
MA I-309 - Datopotamab deruxtecan-dlnk (Datroway)	7/28/2025	This policy is being revised to include criteria for Datroway's recent FDA approved indication for adults with locally advanced or metastatic EGFR mutated non-small cell lung cancer (NSCLC) who have received prior EGFR-directed therapy and platinum-based chemotherapy.
M-4 - Thermography (Thermogram)	9/1/2025	This policy is due for annual review.
NY M-18 - Cardiac Ablation Procedures	10/27/2025	This policy is being revised due to the adoption of MCG's M-154. The title has been changed to Surgical and Hybrid Cardiac Ablation Procedures. The catheter ablation procedures, transcatheter radiofrequency ablation, cryoablation, and pulsed field ablation sections have been removed. Those procedures will be managed by MCG M-154. The operative ablation procedures, Maze procedure, and

		HyCASA sections of the policy will remain in effect and unchanged.
PA, WV, DE M-18 - Cardiac Ablation Procedures	10/13/2025	This policy is being revised due to the adoption of MCG's M-154. The title has been changed to Surgical and Hybrid Cardiac Ablation Procedures. The catheter ablation procedures, transcatheter radiofrequency ablation, cryoablation, and pulsed field ablation sections have been removed. Those procedures will be managed by MCG M-154. The operative ablation procedures, Maze procedure, and HyCASA sections of the policy will remain in effect and unchanged.
M-61 - Autonomic Nervous System Function Testing	9/1/2025	This policy is scheduled for annual review. There are no indications for a change in coverage.
PA, WV, DE M-154 - Cardiac Catheter Ablation	10/13/2025	This is a new MCG guideline. It will replace the catheter ablation procedures, transcatheter radiofrequency ablation, cryoablation, and pulsed field ablation sections of Highmark medical policy M-18.
NY M-154 - Cardiac Catheter Ablation	10/27/2025	This is a new MCG guideline. It will replace the catheter ablation procedures, transcatheter radiofrequency ablation, cryoablation, and pulsed field ablation sections of Highmark medical policy M-18.
R-97 - Tc-99m PYP Scintigraphy	9/8/2025	This is a new policy to establish criteria for Tc-99m PYP Scintigraphy.
S-9 - External Hearing Aids, Auditory Brainstem Implant, Bone-Anchored Hearing Devices and Audiological Testing	10/27/2025	This is an annual review. Criteria has been added for replacements of BAHA and ABI.
S-28 - Cosmetic Surgery vs. Reconstructive Surgery	7/21/2025	The language and criteria were updated. The policy will publish after a short circulation on July 21, 2025.
S-116 - Corneal Transplantation	9/1/2025	This policy is scheduled for annual review. There are no indications for a change in coverage.
S-123 - Lung and Lobar Lung Transplant	9/8/2025	This policy underwent an annual review. No changes were made to the policy.
S-125 - Heart/Lung Transplant	9/8/2025	This is an annual review. There is no change in coverage.
S-127 - Pancreas Transplant	9/8/2025	This policy underwent annual review with no change in coverage.
S-172 - Ovarian and Internal Iliac Vein Embolization as Treatment for Pelvic Congestion Syndrome	9/8/2025	This policy is due for annual review.
S-270 - Endoscopic Stricturotomy	9/15/2025	This policy is due for annual review.
S-282 - Surgery for Groin Pain in Athletes	9/8/2025	This is an annual review. There is no change in coverage.
S-308 - Shoulder Surgery: Loose Body/Foreign Body Removal	9/8/2025	This is an annual review. There is no change in coverage.

S-309 - Shoulder Surgery: Debridement	9/8/2025	This policy is scheduled for annual review. There are no changes in coverage.
S-311 - Shoulder Surgery: Labral Repair	9/8/2025	This policy is scheduled for annual review. There are no changes in coverage.
S-312 - Shoulder Surgery: Biceps Tenodesis	9/8/2025	This policy is scheduled for annual review. There are no changes in coverage.
S-313 - Shoulder Surgery: Shoulder Instability and/or Laxity	9/8/2025	This policy is scheduled for annual review. There are no changes in coverage.
S-314 - Shoulder Surgery: Coracoplasty/Subcoracoid Decompression	9/8/2025	This policy is scheduled for annual review. There are no changes in coverage.
S-326 - Shoulder Surgery: Distal Clavicle Excision/Subacromial Decompression/Acromioplasty	9/8/2025	This policy is scheduled for annual review. There are no changes in coverage.
S-341 - RhinAer/Clarafix	9/8/2025	This policy is a replacement policy. There are no changes to the criteria.
S-563 - Ventricular Assist Devices	10/27/2025	This is a new policy. It establishes coverage criteria for ventricular assist devices.
S-564 - Autografts in Orthopedic Surgery	10/27/2025	This is a new policy for New York only. The policy establishes coverage criteria for autografts in orthopedic surgery applications.
S-820 - Lumbar Fusion	9/8/2025	This is an annual review. This customized guideline will be based on MCG's 29th edition. There is no change in coverage.
Z-108 - Percutaneous Electrical Nerve Field Stimulation (PENFS)	9/1/2025	This policy is scheduled for annual review. The policy criteria has been updated to reflect changes in approved ages and duration for use.
Z-109 Site of Care	10/01/2025	This is a new policy created to address Site of Care.

Coverage Guidelines Established for Pennsylvania Step Therapy Override Exceptions

NEWS FOR ALL PROVIDER TYPES

Highmark Blue Shield has established new guidelines for I-304, Pennsylvania Step Therapy Override Exception.

This policy is published to outline and define the criteria in which a step therapy requirement can be overridden in the state of Pennsylvania.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is July 28, 2025.

Place of Service: Inpatient/ Outpatient

Please refer to Medical Policy I-304, Pennsylvania Step Therapy Override Exception, for additional information.

Revised Criteria for Catheter Ablation Procedures

NEWS FOR ALL PROVIDER TYPES

Highmark Blue Shield has revised criteria for Cardiac Ablation Procedures. Highmark will be adopting MCG guideline M-154 Catheter Ablation. The title of Highmark's M-18 will change to Surgical and Hybrid Cardiac Ablation Procedures. The catheter ablation procedures, transcatheter radiofrequency ablation, cryoablation, and pulsed field ablation sections have been removed from M-18. Those procedures will be managed by MCG M-154. The operative ablation procedures, Maze procedure, and HyCASA sections of M-18 will remain in effect and unchanged.

These revised Medical Policies will apply to professional providers and/or facility claims. The effective date is October 13, 2025 for Pennsylvania.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy M-18, Surgical and Hybrid Cardiac Ablation Procedures, and MCG M-154, Catheter Ablation, for additional information.

Revised Criteria for Catheter Ablation Procedures

Highmark Blue Shield NY has revised criteria for Cardiac Ablation Procedures. Highmark will be adopting MCG guideline M-154 Catheter Ablation. The title of Highmark's M-18 will change to Surgical and Hybrid Cardiac Ablation Procedures. The catheter ablation procedures, transcatheter radiofrequency ablation, cryoablation, and pulsed field ablation sections have been removed from M-18. Those procedures will be managed by MCG M-154. The operative ablation procedures, Maze procedure, and HyCASA sections of M-18 will remain in effect and unchanged.

These revised Medical Policies will apply to professional providers and/or facility claims. This New York policy will have an effective date of October 27, 2025.

Place of Service:

Please refer to Medical Policy NY M-18, Surgical and Hybrid Cardiac Ablation Procedures, and MCG M-154, Catheter Ablation, for additional information.

Criteria Updated for Replacement of Bone Anchored Hearing Aids and Auditory Brainstem Implants

Highmark Blue Shield has established new criteria for S-9, External Hearing Aids, Auditory Brainstem Implant, Bone-Anchored Hearing Devices and Audiological Testing. The following criteria have been added:

Replacement

Bone conduction implant replacement may be considered medically necessary when any of the following criteria are met:

- The existing implant is not repairable; **or**
- The existing implant is no longer functional for the individual; **or**
- When complications caused by the implant are not able to be resolved.

Bone conduction implant replacements not meeting the criteria as indicated in this policy are considered not medically necessary.

Brainstem implant replacement may be considered medically necessary when any of the following criteria are met:

- The existing device is malfunctioning and significantly impacts functional hearing; **or**
- The existing implant is no longer under warranty, or the malfunction is not covered under warranty; **or**
- When complications caused by the implant are not able to be resolved.

Auditory brainstem implant replacement not meeting the criteria as indicated in this policy is considered not medically necessary

This revised Medical Policy will apply to professional providers and facility claims. The effective date is October 27, 2025.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy S-9, External Hearing Aids, Auditory Brainstem Implant, Bone-Anchored Hearing Devices and Audiological Testing, for additional information.

Policy Established for Ventricular Assist Devices

Highmark Blue Shield has established new criteria for Ventricular Assist Devices.

This new Medical Policy will apply to professional providers and/or facility claims. The effective date is October 27, 2025.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy S-563, Ventricular Assist Devices, for additional information.

Policy Established for Autografts in Orthopedic Surgery

Highmark Blue Shield has established new criteria for autografts in orthopedic surgery.

This new Medical Policy will apply to professional providers and/or facility claims. The effective date is October 27, 2025.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy S-564, Autografts in Orthopedic Surgery, for additional information.

New Guideline: Highmark Blue Shield has established new guidelines for acellular tissue engineered vessel-tyod

Highmark Blue Shield has established new established new criteria for acellular tissue engineered vessel-tyod. Acellular tissue engineered vessel-tyod is considered experimental/investigational and, therefore, non-covered because the safety and/or effectiveness of these services cannot be established by the available published peer-reviewed literature.

This revised Medical Policy will apply to professional providers and facility claims. The effective date for Pennsylvania is October 6, 2025. The effective date for New York is October 27, 2025.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy Z-67, Experimental/Investigational Services, for additional information.

Reminder: Radiation Oncology Coverage Guideline Update

Highmark Blue Shield is providing a reminder to all providers.

The Radiation Oncology coverage guideline will be updated and take effect July 16, 2025. This applies to both professional provider and facility claims.

The updates to the Radiation Oncology guideline are as follows:

The significant changes are indicated below and affect:

- Image-Guided Radiation Therapy
- Brain Metastases
- Breast Cancer
- Cervical Cancer
- Esophageal Cancer
- Multiple Myeloma
- Non-Small Cell Lung Cancer
- Prostate Cancer
- Skin Cancer – Melanoma
- Skin Cancer – Non-Melanoma

To see any further editorial updates, follow the pathway provided below.

Section Name	Version/ Release Number	Section Number/Policy Number	Summary of change
Image-Guided Radiation Therapy (IGRT)	2.0.2025	RO.RST.104.A	Added indication of inconsistent reproducibility for breast cancer for IGRT with 3DCRT.

Brain Metastases	2.0.2025	RO.TXS.111.A	Removed need for life expectancy to be more than 3 months from Policy III. B. 3.
Breast Cancer	2.0.2025	RO.TXS.112.A	Increased fraction number of the boost from up to 5 to up to 8 fractions.
Breast Cancer	2.0.2025	RO.TXS.112.A	Added option of hypofractionation for post-mastectomy radiation and updated format accordingly.
Cervical Cancer	2.0.2025	RO.TXS.113.A	Added option of IMRT to Policy I. A and made corresponding editorial changes.
Esophageal Cancer	2.0.2025	RO.TXS.115.A	Extended Policy III. A to include stage T4b esophageal cancer.
Multiple Myeloma and Solitary Plasmacytomas	2.0.2025	RO.TXS.121.A	Number of fractions medically necessary for palliation of multiple myeloma has increased to a maximum of 15 from a maximum of 10.
Multiple Myeloma and Solitary Plasmacytomas	2.0.2025	RO.TXS.121.A	Added option of IMRT for definitive treatment of a solitary osseous or solitary extraosseous plasmacytoma and removed the qualifier of head and neck region.
Non-Small Cell Lung Cancer	2.0.2025	RO.TXS.124.A	Added option of IMRT for hypofractionated treatment in stage I, node-negative stage IIA or T3N0 (T3 based on size) NSCLC.
Pancreatic Cancer	2.0.2025	RO.TXS.127.A	Expanded neoadjuvant treatment to include when cancer is resectable.
Prostate Cancer	2.0.2025	RO.TXS.129.A	Added option of LDR and HDR monotherapy for unfavorable intermediate-risk prostate cancer.
Skin Cancer - Melanoma	2.0.2025	RO.TXS.131.A	Added the following three indications for post-op treatment: T4b tumor, margin-positive resection, microsatellites.
Skin Cancer - Non-Melanoma	2.0.2025	RO.TXS.132.A	Clarified that poor prognostic features are not limited to what is listed.

At that time, 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 Radiation Oncology utilizing the following pathway:

- Provider Resource Center→Policies & Programs→Medical Policies→Medical Policy Search→Licensed Criteria (top blue bar)→EVICORE CLINICAL GUIDELINES (body of page)→Access Guidelines→ Select appropriate RADIATION ONCOLOGY→ *Search Health Plan* by typing in Highmark→Click on Highmark and then click on magnifying glass→ Click on FUTURE→ Select appropriate guideline.

Reminder: Cardiology & Radiology Coverage Guideline Update

Highmark Blue Shield is providing a reminder to all providers.

The Cardiology & Radiology coverage guideline will be updated and take effect October 1, 2025. This applies to both professional provider and facility claims.

The significant changes to the Cardiology & Radiology guidelines are indicated below:

Cardiac Imaging Guidelines

Section Name	Section Number/Policy Number	Summary of Change
Stress testing with imaging	CD 1.4	Added PET MPI to the imaging modalities indicated under CD-1.4 for stress test with imaging.
Stress testing with imaging	CD 1.4	Added anginal equivalent for symptomatic with known CAD.
Stress testing with imaging	CD 1.4	Added new indication Newly elevated troponin with known CAD
Stress testing with imaging	CD 1.4	Symptomatic without the necessary components for an ETT and added inability to perform ETT, added language for clarification of symptoms.
Stress testing with imaging	CD 1.4	Removed additional requirements for PET stress

If you wish to see the updates prior to the implementation date, please go to eviCore website under the Future tab for Cardiology & Radiology utilizing the following pathway:

- Provider Resource Center→Policies & Programs→ Medical Policies→Medical Policy Search→Licensed Criteria (top blue bar)→EVICORE CLINICAL GUIDELINES (body of page) → Access Guidelines→ Select appropriate Cardiology & Radiology→*Search Health Plan* by typing in Highmark → Click on Highmark and then click on magnifying glass → Click on FUTURE → Select appropriate guideline.

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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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 Provider Resource Center.
