

PROVIDER UPDATE

An Update for Highmark Health Options Providers

THIS ISSUE

Medical Policy Updates

<u>Skin Replacement Therapy for Chronic Non-healing Wounds in the Outpatient Setting</u>	2
<u>Capsule Endoscopy</u>	3
<u>Custom Made Oral Appliances in the Treatment of Obstructive Sleep Apnea (OSA)</u>	4
<u>Long-Term Use Continuous Glucose Monitoring of Interstitial Fluid</u> ...	5
<u>Panniculectomy/Abdominoplasty/Lipectomy</u>	6
<u>Important Phone Numbers</u>	7



Important Phone Numbers

Clinical Medical Policy Updates

CLINICAL MEDICAL POLICY	
Policy Name:	Skin Replacement Therapy for Chronic Non-healing Wounds in the Outpatient Setting
Policy Number:	MP-032-MD-DE
Approved By:	Medical Management
Provider Notice Date:	04/01/2017
Original Effective Date:	05/01/2017
Annual Approval Date:	03/14/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid Products
Application:	All participating hospitals and providers
Page Number(s):	1

DISCLAIMER

Highmark Health Options medical policies are intended to serve only as a general reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY SUMMARY

Highmark Health Options provides coverage under the medical-surgical benefits of the Company’s Medicaid products for medically necessary skin replacement products when used in the treatment of chronic, non-healing wounds. The specific conditions that warrant the use of skin replacement therapy include chronic non-healing wounds, such as diabetic foot ulcers or venous leg ulcers.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>



CLINICAL MEDICAL POLICY

Policy Name:	Capsule Endoscopy
Policy Number:	MP-038-MD-DE
Approved By:	Medical Management
Provider Notice Date:	04/01/2017
Original Effective Date:	05/01/2017
Annual Approval Date:	03/14/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid Products
Application:	All participating hospitals and providers
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POLICY SUMMARY

Highmark Health Options provides coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary capsule endoscopy procedures. The specific conditions that warrant the use of capsule endoscopy includes: occult gastrointestinal bleeding, small bowel neoplasm, suspected Crohn's disease, suspected or refractory mal-absorptive syndromes, esophageal varices and esophagitis.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

CLINICAL MEDICAL POLICY

Policy Name:	Custom Made Oral Appliances in the Treatment of Obstructive Sleep Apnea (OSA)
Policy Number:	MP-039-MD-DE
Approved By:	Medical Management
Provider Notice Date:	04/01/2017
Original Effective Date:	05/01/2017
Annual Approval Date:	03/14/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid products
Application:	All participating hospitals and providers
Page Number(s):	1

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POLICY SUMMARY

Highmark Health Options provides coverage under the Durable Medical Equipment benefits of the Company’s Medicaid products for medically necessary oral appliances in the treatment of Obstructive Sleep Apnea (OSA) when specific criteria are met.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

CLINICAL MEDICAL POLICY

Policy Name:	Long-Term Use Continuous Glucose Monitoring of Interstitial Fluid
Policy Number:	MP-040-MD-DE
Approved By:	Medical Management
Provider Notice Date:	04/01/2017
Original Effective Date:	05/01/2017
Annual Approval Date:	03/14/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid Products
Application:	All participating hospitals and providers
Page Number(s):	1

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POLICY SUMMARY

Highmark Health Options provides coverage under the durable medical equipment (DME) benefits of the Company's Medicaid products for medically necessary long-term use of continuous glucose monitors to treat Type 1 diabetes.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

CLINICAL MEDICAL POLICY

Policy Name:	Panniculectomy/Abdominoplasty/Lipectomy
Policy Number:	MP-041-MD-DE
Approved By:	Medical Management
Provider Notice Date:	04/01/2017
Original Effective Date:	05/01/2017
Annual Approval Date:	03/14/2017
Revision Date:	N/A
Products:	Highmark Health Options Medicaid Products
Application:	All participating hospitals and providers
Page Number(s):	1

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POLICY SUMMARY

Highmark Health Options provides coverage under the medical-surgical benefits of the Company’s Medicaid products for medically necessary panniculectomy surgical procedures. This policy excludes the coverage of abdominoplasty and lipectomy surgical procedures, due to the procedures being cosmetic in nature.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

Highmark Health Options Important Phone numbers

ADDRESS	
OFFICE LOCATION	Health Options 800 Delaware Avenue Wilmington, DE 19801
MEMBER CORRESPONDENCE	Health Options – Member Mail P.O. Box 22188 Pittsburgh, PA 15222-0188
PROVIDER CORRESPONDENCE	Health Options – Provider Mail P.O. Box 22218 Pittsburgh, PA 15222-0218

DEPARTMENT	CONTACT NUMBER	HOURS
Provider Services	1-844-325-6252	Mon. – Fri. 8 a.m. to 5 p.m.
Member Services	1-844-325-6251	Mon. – Fri. 8 a.m. to 8 p.m.
Member Services (DSHP Plus)	1-855-401-8251	Mon. – Fri. 8 a.m. to 8 p.m.
Authorizations	1-844-325-6254	Mon. – Fri. 8 a.m. to 5 p.m. (24/7 secure voicemail for inpatient admissions notification)
Care Management/Long Term Services and Support (LTSS)	1-844-325-6255	Mon. – Fri. 8 a.m. to 5 p.m. (after hours support accessible through the Nurse Advice Line)
Member Eligibility Check (IVR)	1-844-325-6161	24/7
Behavioral Health	1-844-325-6257	Mon. – Fri. 8 a.m. to 5 p.m.