

PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

Highmark Health Options Medical Policy Updates Effective September 16, 2019

New Highmark Health Option Medical Policies

MP-085-MD-DE Artificial Pancreas

MP-086-MD-DE Percutaneous Left Atrial Appendage Closure (LAAC) Device

MP-091-MD-DE Deep Brain Stimulation

MP-095-MD-DE Labiaplasty

MP-096-MD-DE Scanning Computerized Ophthalmic Imaging

2019 Annual Review Highmark Health Option Medical Policies

MP-003-MD-DE Fetal Aneuploidy

No clinical criteria changes; added procedure code 0060U as a noncovered service.

MP-052-MD-DE Breast Reconstruction

Criteria were added outlining medical necessity criteria for Poland's syndrome; added procedure codes 11960, 20900 & 20802 as covered procedures; updated literature and reference section; formatting changes.

MP-053-MD-DE Carpal Tunnel Surgery

Added information related to hydrodissection and percutaneous carpal tunnel release as noncovered services; updated the summary of literature; added procedure code 64999 to the noncovered procedure code section; updated references.

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MP-054-MD-DE Enteral Feeding In-Line Cartridge

Coding update-removed procedure code B9998 & added new code B4105; updated references.

MP-057-MD-DE Cardiac Rehabilitation

In order to align the procedure codes with coverage criteria for Phase II cardiac rehabilitation, code 93797 was moved to the noncovered section of the policy; no other changes were made.

MP-058-MD-DE Pulmonary Rehabilitation

No criteria changes.

MP-060-MD-DE Macular Degeneration

Note added to procedure section A to direct providers to the pharmacy policy for Visudyne; Updated the summary of literature and removed specific information referring to anti-VEGF therapy; added literature on PDT therapy, submacular surgery, translocation surgery, transpupillary thermotherapy, placement of a pharmacologic agent, epiretinal radiation therapy, and cell-penetrating peptides; removed code J3396 (Visudyne) due to pharmacy policy; formatting revisions; Added new references.

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MP-061-MD-DE Molecular Tumor Markers for Non-Small Cell Lung Cancer

Under Related Medical Policies on page 1, removed MP-071-MD-PA and replaced with MP-074-MD-PA; Under the Reference section all hyperlinks were deleted; added procedure code 0022U; Updated the Summary of Literature and references; added noncovered service for liquid biopsy, procedure codes 86152 & 86153

MP-063-MD-DE Genetic Testing for Warfarin Therapy

No clinical criteria changes.

MP-092-MD-DE Upper Gastrointestinal Endoscopy

Under Procedure section added new criteria for high risk screening EGD; in Attachment B in the Diagnostic EGD section, added 3 new ICD-10 diagnosis codes as eligible-K21.0, K21.9 & K74.0: updated references and removed the hyperlinks from all references listed; Corrected typographical error in Diagnosis table (Attachment C), code P59.21 corrected to P59.29.

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Highmark Health Options Urgent Medical Policy Revisions and/or Coding Revisions

MP-039-MD-DE Custom Made Oral Appliances
Additional criteria added to Section C 3 a & b.

MP-040-MD-DE Continuous Glucose Monitoring
Codes 0446T, 0447T & 0448T were added to the policy for the Eversense device which is a noncovered service; removed all references to the artificial pancreas since a new policy was developed to address this service; multiple formatting changes.