

MEDICAL POLICY UPDATE



October 2023



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Policy

Update: Policy Criteria Established



Highmark Blue Shield of Northeastern New York has established new policies, new guidelines, revised criteria for the following list of policies.

The effective date is January 1, 2024.

New Policies or Guidelines:

Policy or Guideline Number	Policy or Guideline Name
A-0001	Cardiac Cath and Angiography
A-0006	Renal Angiography
A-0007	Carotid or Cerebral Angiography
A-0013	Abdominal/Pelvic CT Scan
A-0014	Ankle CT Scan
A-0015	Arm CT Scan
A-0016	Brain CT Scan
A-0017	Elbow CT Scan
A-0018	Face and Sinuses CT Scan
A-0019	Foot and Foot Joints CT Scan
A-0020	Cardiac CT Scan
A-0021	Lower Extremity CT Scan
A-0022	Neck CT Scan
A-0023	Orbit and Ear CT Scan
A-0025	Cervical Spine CT Scan
A-0026	Thoracic Spine CT Scan

A-0027	Lumbar Spine CT Scan
A-0028	Chest CT Scan
A-0029	Wrist CT Scan
A-0030	Colonography, CT (Virtual Colonoscopy)
A-0031	Myelography, CT
A-0032	Abdominal/Pelvic MR Angiography (MRA)
A-0033	Head MR Angiography (MRA)
A-0034	Neck MR Angiography (MRA)
A-0035	Chest MR Angiography (MRA)
A-0036	Cardiac MR Angiography (MRA)
A-0037	Lower Extremity MR Angiography (MRA)
A-0039	Mammography
A-0044	Abdominal MRI
A-0045	Ankle MRI
A-0046	Arm MRI
A-0047	Brain MRI
A-0048	Breast MRI
A-0049	Elbow MRI
A-0050	Foot and Foot Joints MRI
A-0051	Cardiac MRI
A-0052	Knee MRI
A-0053	Lower Extremity MRI
A-0054	Neck, Orbit, and Face MRI
A-0055	Pelvic MRI
A-0056	Shoulder MRI
A-0057	Cervical Spine MRI
A-0058	Thoracic Spine MRI
A-0059	Lumbar Spine MRI
A-0061	Wrist MRI
A-0062	Temporomandibular Joint MRI
A-0064	Cholangiopancreatography, MR (MRCP)
A-0066	Gallium Scan
A-0069	Bone Scan (Bone Scintigraphy)
A-0072	Radionuclide Cystography
A-0074	Renal Cortical Scintigraphy
A-0075	Diuretic Renography
A-0077	Cardiac Radionuclide Angiography (Radionuclide Ventriculography)
A-0078	Myocardial Perfusion Imaging, Exercise Stress
A-0079	Myocardial Perfusion Imaging, Pharmacologic Stress
A-0080	Pharmacologic Stress Echocardiography
A-0081	Gastric Emptying Study (Gastric Scintigraphy)
A-0083	Hepatobiliary (Gallbladder) Scintigraphy
A-0084	Parathyroid Scan
A-0085	Thyroid Radioactive Uptake (Radioactive Iodine Uptake) (RAIU)
A-0086	Thyroid Scan
A-0087	Somatostatin Receptor Scintigraphy

A-0088	Ventilation Perfusion Scan (VQ Scan)
A-0090	Brain, Single Photon Emission Computed Tomography (SPECT)
A-0091	Lung, Single Photon Emission Computed Tomography (SPECT)
A-0092	Esophageal Transit Scintigraphy
A-0095	Ultrasound Bone Density Measurement, Heel (Calcaneal)
A-0096	Brain Positron Emission Tomography (PET)
A-0097	Myocardial Positron Emission Tomography (PET) and PET-CT
A-0098	Tumor Imaging Positron Emission Tomography (PET) and PET-CT
A-0099	Endoscopic Ultrasound
A-0100	Abdominal Ultrasound
A-0101	Breast Ultrasound
A-0102	Hip Ultrasound
A-0103	Sonohysterography
A-0104	Renal Ultrasound
A-0105	Head and Neck Ultrasound
A-0106	Pelvic Ultrasound, Transabdominal
A-0107	Shoulder Ultrasound
A-0108	Transrectal Ultrasound
A-0109	Pelvic Ultrasound, Transvaginal
A-0111	Transthoracic Echocardiography (TTE), Resting
A-0112	Transesophageal Echocardiography TEE
A-0113	Stress Echocardiography
A-0433	Pregnant Uterus, Transabdominal Ultrasound
A-0434	Pregnant Uterus, Transvaginal Ultrasound
A-0436	Arthrography, MR
A-0437	Arthrography, CT
A-0446	Chest MRI
A-0447	Hand MRI
A-0454	Scrotal Ultrasound
A-0470	Neck CT Angiography (CTA)
A-0471	Chest CT Angiography (CTA)
A-0473	Upper Extremity CT Angiography (CTA)
A-0474	Lower Extremity CT Angiography (CTA)
A-0475	Abdominal/Pelvic CT Angiography (CTA)
A-0482	Magnetic Resonance Spectroscopy
A-0483	Cardiac CT Angiography (CTA)
A-0484	Head CT Angiography (CTA)
A-0485	Upper Extremity MR Angiography (MRA)
A-0537	Bone Marrow MRI
A-0538	Bone Mineral Density, CT
A-0539	Brain Functional MRI
A-0579	Thyroid Carcinoma Metastases Imaging
A-0640	Urography, CT (CT IVP)
A-0641	Hip CT Scan
A-0642	Hip MRI
A-0717	Intravascular Ultrasound (Coronary and Non-Coronary)

A-1012	Hepatic Elastography, MR
X-176	Coronary Computed Topography Angiography with Selective Noninvasive Fractional Slow Reserve
X-403	Lymphoscintigraphy
X-583	Rarely Utilized Radiology and Cardiology Procedures
X-584	Computed Tomography Perfusion Imaging of the Brain

Policies with revised criteria:

Policy Number	Policy Name
Z-24	Miscellaneous Services
Z-67	Experimental/Investigational Services

At that time, coverage guidelines can be accessed utilizing the live link from the medical policy website.



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 medicalpolicy@highmark.com



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