

# MEDICAL POLICY UPDATE



October 2023



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## Policy

### Update: Policy Criteria Established



Highmark Blue Cross Blue Shield of Western 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

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

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

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

Policies with revised criteria:

<b>Policy Number</b>	<b>Policy Name</b>
<b>Z-24</b>	Miscellaneous Services
<b>Z-67</b>	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](mailto:medicalpolicy@highmark.com)



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