

Partners in Health **update**SM

Working together for quality health care

October 2014



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For articles specific to your area of interest, look for the appropriate icon:

P Professional **F** Facility **A** Ancillary

- ▶ Articles designated with a blue arrow include notice of changes or clarifications to administrative policies and procedures.

*Partners in Health Update*SM is a publication of Independence Blue Cross and its affiliates (Independence), created to provide valuable information to the Independence-participating provider community. This publication may include notice of changes or clarifications to administrative policies and procedures that are related to the covered services you provide in accordance with your participating professional provider, hospital, or ancillary provider/ ancillary facility contract with Independence. This publication is the primary method for communicating such general changes. Suggestions are welcome.

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Keystone 65 HMO has an accreditation status of *Excellent* from the National Committee for Quality Assurance (NCQA).

Keystone Health Plan East, Personal Choice®, and Personal Choice 65SM PPO have an accreditation status of *Commendable* from NCQA.

BUSINESS TRANSFORMATION



Update on our Business Transformation

In November 2013, Independence began transitioning its members to a new claims processing platform. The new platform offers greater capabilities, increased flexibility in benefit design, and enhanced functionalities to improve the overall customer experience.

We have made significant progress on this important transition, including the following milestones:

- **Transition of X12 transactions.** As of November 1, 2013, all trading partners send and receive transactions to/from the Highmark Gateway.
- **FEP and Host claims.** Claims processing for Federal Employee Program (FEP) and Host BlueCard® was migrated to the new platform on November 1, 2013.
- **Commercial member claims.** Since November 2013, we have been migrating our commercial members to the new platform, generally based on when the customer/member's contract renews. As of October 1, 2014, approximately half of our existing commercial members have been migrated to the new platform.

Independence will migrate all Medicare Advantage HMO and PPO members to the new platform on January 1, 2015.

We anticipate that all members will be migrated to the new platform by March 2015.



Dual claims-processing environment

During the migration, we are working with you in a dual claims-processing environment until all of our business is on the new platform. In other words, we are processing a larger portion of claims and business transactions on the new platform as members are migrated, and we continue to process claims and conduct business transactions on the current platform for members who have not yet been migrated.* The date of service will determine the platform on which these claims will be processed.

Check member ID cards at every visit

As members are migrated to the new platform, they are issued a new member ID card. For this reason, it is imperative that provider offices do the following:

1. Obtain a copy of the member's current ID card at every visit to ensure that you submit the most up-to-date information to Independence.
2. Verify eligibility and benefits using the NaviNet® web portal prior to rendering service.

Independence will assign migrated members a new 12-digit member ID number, called a "unique member ID" (UMI). Each member ID card will include the member's name and the subscriber's UMI. The subscriber and all members covered under the subscriber's policy will share the same ID number. Some plans will also be assigned a new three-character alpha prefix, which will also appear as part of the ID number.

Note: Members with MedigapSecurity (a Medicare Supplement plan) will be assigned a 13-digit ID number, with the last digit being an alpha character.

Resources

We will continue to work closely with you and our entire provider network as we complete our Business Transformation. For more information, visit our dedicated site at www.ibx.com/pnc/businesstransformation. On this site you will find a communication archive as well as frequently asked questions. If you still have questions after reviewing these resources, email us at provider_communications@ibx.com. ♦

**Behavioral health claims for HMO/POS non-migrated members should continue to be submitted to Magellan Behavioral Health, Inc. Behavioral health claims for all migrated members, including HMO/POS, should be submitted to Independence.*

Magellan Behavioral Health, Inc., an independent company, manages mental health and substance abuse benefits for most Independence members.

ADMINISTRATIVE



Changes coming to out-of-pocket maximums for commercial HMO, POS, and PPO members

Under the Patient Protection and Affordable Care Act, also known as Health Care Reform, members should not be charged any cost-sharing (i.e., copayments, coinsurance, and deductibles) once their annual out-of-pocket limit for essential health benefits has been met. These limits are based on the member's benefit plan. While individual and group benefit limits may be lower, they currently cannot exceed the following amounts:

- Individual: \$6,350
- Family: \$12,700

In addition, the out-of-pocket limit for essential health benefits includes cost-sharing for medical services only.

Changes for 2015

Beginning January 1, 2015, in addition to medical services, the out-of-pocket limit for essential health benefits will also include cost-sharing for prescriptions, pediatric dental services, and pediatric vision services for those members whose benefits include these services.

Also beginning January 1, 2015, the annual limits will be changed to the following amounts:

- Individual: \$6,600
- Family: \$13,200

How to verify if members have reached their out-of-pocket maximum

Once members have reached their out-of-pocket maximum for essential health benefits, providers should not collect additional cost-sharing. To verify if members have reached their out-of-pocket maximum for essential health benefits, providers should use the Eligibility and Benefits Inquiry transaction on the NaviNet® web portal. Please note that, due to our transition to a new operating platform, the process differs depending on whether the member has been migrated.

For migrated members

Once on the Eligibility and Benefits Details screen, the member's current out-of-pocket expense (Accumulated Amount) and the maximum dollar limit (Threshold Amount) will be displayed at the bottom of the screen in the Benefit Accumulator section.

For non-migrated members

Once on the Eligibility and Benefits Details screen, providers should first select the *Additional Copays* link to verify the copayment maximums, and second select the *Dollar Accumulators* link to view the total out-of-pocket amount accumulated to date.

Learn more

If your office is not yet NaviNet-enabled, you can sign up by going to www.navinet.net and selecting the *Start Your Free Account* button at the top of the page.

If you have any questions about these upcoming changes, please call Customer Service at **1-800-ASK-BLUE**. If you have questions regarding NaviNet transactions, please call the eBusiness Hotline at **215-640-7410**.

Note: Cost-sharing amounts are available to members through their benefit materials or by logging on to our secure member website, ibxpress.com. ♦

Beginning January 1, 2015, the annual out-of-pocket limits will be changed, and the limit for essential health benefits will also include cost-sharing for prescriptions, pediatric dental services, and pediatric vision services for those members whose benefits include these services.

F

Medicare supplemental claim rejections

This article is to reinforce the appropriate procedures for submitting claims under a member's Medicare supplemental plan (e.g., MedigapSecurity, Security 65®). Medicare supplemental claims that are not submitted correctly will be rejected.

How Medicare supplemental claims are processed

The Centers for Medicare & Medicaid Services (CMS) is the primary payer for Medicare supplemental claims. Independence, the secondary payer, uses the CMS crossover process to receive Medicare supplemental claims. As part of this process, CMS sends claims directly to Independence for members who have a Medicare supplemental plan.

After the claim has been adjudicated by CMS, Independence enforces a 30-day window from the Medicare remittance date (i.e., the date the claim was finalized by CMS). This 30-day window does the following:

- allows CMS sufficient time to crossover the claim to Independence and for Independence to complete secondary adjudication;
- prevents duplicate claims and ensures correct pricing.

Medicare supplemental claim rejections

Medicare supplemental claims may be rejected if the provider submits the Medicare supplemental claim to CMS and then submits it to Independence for payment prior to the end of the 30-day window. Providers receive rejections for these claims through the 277CA transaction (for migrated members), U277 transaction (for non-migrated members), or Rejected Claims Report (for non-migrated member claims sent via a UB-04 claim form).

For more information

For more information about the 277CA or U277 transactions, please refer to the appropriate guide at www.ibx.com/ediforms. For more information about our member migration to the new operating platform, visit our Business Transformation site at www.ibx.com/pnc/businesstransformation.

Please contact your Network Coordinator if you have any questions about the claims submission procedures for Medicare supplemental claims. ◆



More changes coming in October to NaviNet

Beginning October 18, 2014, the changes listed in this article will be made to the NaviNet web portal. Please review this information to understand how these changes may affect how you do business with Independence.

Member ID cards

For migrated members, providers will now be able to view member ID cards through NaviNet. To view a migrated member's ID card, select the *View Current Member ID Card* link from the Eligibility and Benefits Details screen.

Eligibility and Benefits Details

Patient Information

Member ID Number:	ABC123456789012	Patient Name:	JANE DOE
Member Address:	123 ANY STREET ANYTOWN, PA 12345	Patient Date of Birth:	01/02/1933
Date of Service From:	09/30/2014	Relationship to Subscriber:	SELF
		Date of Service To:	09/30/2014

For the member selected, other insurance information is currently not available.

Group Information

Effective Date:	01/01/2014	Term Date:	00/00/0000
Group Number:	54321	Group Name:	ABC GROUP
Line of Business:	Personal Choice		
Plan Area:	327		
Group Renewal:	01/01/2015		
Alpha Prefix:	ABC		

[View Current Member ID Card](#)

[Personal Choice Provisions](#) [Inpatient Facility Services](#) [Outpatient Facility Services](#) [Behavioral Health/Substance Abuse](#)
[Professional Services](#) [Professional Therapy and Rehabilitation Services](#) [Routine/Preventive Care](#) [Ancillary Services/Supplies](#)
[Other Reproductive Services \(non Maternity\)](#) [Oral Surgery/Dental Accident](#) [Educational & Medical Programs](#) [Conditions](#)
[Other Services](#)

NaviNet will present printable images of the front and back of the member's current ID card in a new browser window. Please note that only medical ID cards will display. ID cards will not be displayed for members who have stand-alone coverage (e.g., pharmacy or vision only).

Note: This enhancement provides access to an image of a member's current ID card. **Therefore, when conducting an Eligibility and Benefits Inquiry search for a migrated member using a past or future date of service, the information found on the member ID card image may differ from the information provided on the Eligibility and Benefits Details screen.**

Member ID Card Print Independence

Independence **Keystone**
HEALTH PLAN EAST

SAMPLE MEMBER UMI123456789101	DR BENJAMIN FRANKLIN MD 215-555-1212 LAB L
Rx BIN 600428 Rx PCN 03820000	PLAN FLEXHMO POP \$5 SPEC \$10 PC \$25 DED \$1000 PREV \$0
	VISION <input type="checkbox"/> Rx <input type="checkbox"/>

Visit www.ibxpress.com for benefit information

Member: See your Primary Care Physician first for care. Specialist and hospital care require a referral. For sick/urgent care outside of Southeastern PA, NJ or DE, please call 1-800-ASK-BLUE (1-800-275-2583) within 48 hours of receiving care. **Provider:** Call 1-800-676-BLUE (1-800-676-2583) to verify eligibility and coverage. File claims with your local Blue Cross®/Blue Shield® Plan Hospital. Please call 1-800-ASK-BLUE for admission notification within 48 hours or next business day after admission.

Customer Service:
1-800-ASK-BLUE
Eligibility/Reimbursement
1-800-ASK-BLUE
To Locate Out of Area Provider
1-800-810-BLUE
Mental Health/Substance Abuse
1-800-689-1911
Pharmacy Benefits
1-888-676-7012

Keystone Health Plan (East) and Independence Blue Cross are independent licensees of the Blue Cross and Blue Shield Association.

FUTURE **Pharmacy Benefits Administrator**

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Drug pre-authorizations

There will be screen changes within the Drug Pre-Authorization transaction. Providers will now need to select their provider group and location first from the Prescribing Provider Group drop-down menu. Then providers will be able to enter the member's ID number and the date of request.

After selecting the member, providers will be prompted to select the appropriate practitioner from the Prescribing Provider drop-down menu. Only those practitioners linked to the previously selected office location will display. Then the provider will select the prescribed drug from the Medication drop-down menu.

Once complete, the provider will be presented with the *Drug Pre-Authorization Response Form*. The office contact, telephone number, and fax number remain required fields. Providers will continue to receive a faxed response for approved requests.

Postponements

The NaviNet office conversion, which impacts provider drop-down menus, has been postponed until early 2015. Additionally, the new Allowance Inquiry transaction, which replaces the retired Fee Schedule Inquiry transaction, will not be released until early 2015.

More information about upcoming changes, including the availability of detailed user guides, will be communicated in future editions of *Partners in Health Update*.

If you have any questions regarding these upcoming NaviNet changes, please call the eBusiness Hotline at [215-640-7410](tel:215-640-7410). ♦



Upcoming changes to precertification requirements

Effective January 1, 2015, new precertification requirements will apply to our commercial and Medicare Advantage HMO and PPO members for the medical benefit drugs listed below.

The following medical benefit drugs will be added to the precertification requirement list effective January 1, 2015:

- Beleodaq™ (belinostat)
- Entyvio™ (vedolizumab)
- Keytruda® (pembrolizumab)
- nivolumab (anti-PD-1 human monoclonal antibodies)*
- Ruconest® (recombinant C1-esterase inhibitor)
- Sylvant™ (siltuximab)

In addition, the following medical benefit drugs will no longer require precertification approval effective January 1, 2015:

- Aredia® (pamidronate disodium)
- Arzerra® (ofatumumab)
- Boniva® injection (ibandronate sodium)
- Ceredase® (alglucerase)
- Eloxatin® (oxaliplatin)
- Nulojix® (belatacept)
- Orthovisc® (high molecular weight hyaluronan)
- Synvisc® (hylan G-F 20)
- Synvisc-One® (hylan G-F 20)

These changes will be reflected in an updated precertification requirement list, which will be posted to our website at www.ibx.com/preapproval in December, prior to these changes going into effect. Look for more information about the availability of this new precertification requirement list in the December 2014 edition of *Partners in Health Update*. ♦

*Pending approval from the U.S. Food and Drug Administration.



Upcoming changes to medical policies on spinal injections

Effective January 1, 2015, Medical Policy #11.15.23 will be updated to version “c” and retitled as Epidural, Paravertebral Facet, and Sacroiliac Joint Injections for Spinal Pain Management. The updated policy will be expanded in scope to include policy statements that address multiple spinal injection techniques that are routinely used in the diagnosis and treatment of spinal pain, such as:

- paravertebral facet joint injection
- transforaminal epidural injection
- caudal epidural injection

In addition to an expansion in scope, the revised Epidural, Paravertebral Facet, and Sacroiliac Joint Injections for Spinal Pain Management policy will include policy statements that address a number of varying injection techniques and the frequency of therapy considered to be medically necessary and eligible for reimbursement consideration. The updated policy also addresses anesthesia in conjunction with these services.

Stay up to date on policy activity by visiting www.ibx.com/medpolicy and selecting *Accept and Go to Medical Policy Online*. You can also view policy activity using the NaviNet® web portal by selecting *Reference Tools* from the Plan Transactions menu, then *Medical Policy*.

Note: These medical policy updates apply to commercial business only. Please see the separate Medicare Advantage policy portfolio for the corresponding policies. ♦





New coverage criteria for repository corticotropin (H.P. Acthar® Gel Injection)

Effective November 25, 2014, Independence's medical policy on repository corticotropin (H.P. Acthar® Gel Injection) will be updated to reflect new medical necessity coverage criteria. According to the new version of the policy, Independence will only approve the use of H.P. Acthar® Gel Injection when both of the following criteria are met:

- The individual is diagnosed with West syndrome (infantile spasms).
- The individual is age 2 or younger.

Independence will no longer consider H.P. Acthar® Gel Injection eligible for coverage for conditions that do not meet these criteria because the drug is considerably more costly than alternative conventional corticosteroid and/or immunosuppressive therapies that are at least as likely to produce equivalent results in the diagnosis or treatment of the individual's illness, injury, or disease. Therefore, as of November 25, 2014, Independence will no longer approve requests for H.P. Acthar® Gel Injection for uses such as, but not limited to, the following:

- multiple sclerosis;
- rheumatic disorders (e.g., psoriatic arthritis, rheumatoid arthritis, juvenile rheumatoid arthritis, ankylosing spondylitis);

- collagen diseases (e.g., systemic lupus erythematosus, systemic dermatomyositis [polymyositis]);
- dermatologic disease (e.g., severe erythema multiforme, Stevens-Johnson syndrome);
- allergic states (e.g., serum sickness);
- ophthalmic diseases (e.g., keratitis, iritis, iridocyclitis, diffuse posterior uveitis, choroiditis, optic neuritis, chorioretinitis, anterior segment inflammation);
- respiratory conditions (e.g., symptomatic sarcoidosis);
- to induce a diuresis or a remission of proteinuria in nephrotic syndrome without uremia of the idiopathic type or due to lupus erythematosus;
- corticosteroid-responsive conditions;
- diagnostic testing for adrenocortical function.

Physicians can review the Notification for Medical Policy #08.01.12a: Repository Corticotropin (H.P. Acthar® Gel Injection) by going to www.ibx.com/medpolicy, selecting *Accept and Go to Medical Policy Online*, and then typing the policy name or number in the Search box. ◆



Upcoming change to Multiple Procedure Payment Reduction guidelines for certain diagnostic services

Multiple Procedure Payment Reduction (MPPR) guidelines represent claims processing methodologies and guidelines for the reimbursement of certain diagnostic services when more than one are performed.

Effective January 1, 2015, MPPR guidelines will apply to certain diagnostic services performed by the same professional provider, on the same individual, and on the same date of service, regardless of setting. The guidelines may apply to some services performed during the same session or by professional providers within the same provider group.

Diagnostic services with the highest provider allowance will remain eligible for reimbursement at 100 percent.

Depending on the grouping of the services, subsequent services may be eligible for reimbursement at 50, 75, or 80 percent.

For additional information, please refer to the Notifications for the Claim Payment Policy for Multiple Procedure Payment Reduction (MPPR) on Certain Diagnostic Services (#00.01.60 for commercial products and #MA01.005 for Medicare Advantage products), which are available on our Medical Policy Portal at www.ibx.com/medpolicy. Once you select *Accept and Go to Medical Policy Online*, select the appropriate policy portfolio. Then type the policy name or number in the Search box. ◆



Upcoming changes to our precertification process for outpatient echocardiography services for Medicare Advantage HMO and PPO members

Effective for Medicare Advantage HMO and PPO members for dates of service on or after January 1, 2015, providers will need to obtain precertification for outpatient echocardiography services, which include:

- stress echocardiography;
- resting transthoracic echocardiography;
- transesophageal echocardiography.

Specific CPT® codes to which the precertification applies are listed in the table below:

Echocardiography service	CPT® code	Description
Stress echocardiography (SE)	93350	Transthoracic stress echo, complete
	93351	Transthoracic stress echo, complete w/cont EKG
Resting transthoracic echocardiography (TTE)	93303	Transthoracic echo cardiac anomalies
	93304	Transthoracic echo cardiac anomalies, limited
	93306	Transthoracic echo complete w/color & spectral
	93307	Transthoracic echo complete w/o color & spectral
	93308	Transthoracic echo limited
Transesophageal echocardiography (TEE)	93312	Transesophageal echo
	93313	Transesophageal echo probe only
	93314	Transesophageal echo interpretation
Add-on codes	93315	Transesophageal echo congenital
	93320*	Doppler echo complete
	93321*	Doppler echo limited
	93325*	Doppler echo flow velocity
	93352*	Echo contrast agent (SE only)

*Denotes a CPT® code that is an add-on/secondary code to the primary code and does not require review through AIM Specialty Health® (AIM).

Precertification for outpatient echocardiography services can be obtained through the NaviNet® web portal using the AIM ProviderPortalSM. To do so, select AIM from the Authorizations option in the Plan Transactions menu.

It is very important that providers use NaviNet to verify member-specific requirements or refer to the precertification lists on our website. Failure to obtain precertification for any of the services or drugs that require it may result in a reduction in payment or nonpayment for the services not authorized. ◆



New Medicare Advantage HMO and PPO policy notifications now available

As previously communicated, **effective January 1, 2015**, we are introducing changes related to the application of medical and claim payment policies, as well as clinical relationship logic, for our Medicare Advantage business.

Policy notifications for Medicare Advantage HMO and PPO members are now available on the recently revised Independence Medical Policy Portal. The Medicare Advantage policy portfolio is based on Medicare coverage guidance as well as additional Independence medical and claim payment policy determinations.

Also effective January 1, 2015, the following will be applied to claims submitted on the CMS-1500 claim form or through the 837P transaction for Medicare Advantage HMO and PPO members:

- Medicare's National Correct Coding Initiative (NCCI) editing;
- other clinical relationship logic, which is based on procedure code editing standards.

To view the Notifications for the new policies that go into effect on January 1, 2015, go to www.ibx.com/medpolicy and select *Accept and Go to Medical Policy Online*. Then select the policy portfolio you wish to see under "Policy Notifications." ♦

Medicare Advantage HMO and PPO policies effective January 1, 2015

Included with this edition of *Partners in Health Update* is a complete list of policies that will go into effect January 1, 2015, for our Medicare Advantage HMO and PPO members. Please review the list and go to www.ibx.com/medpolicy to review each policy notification in its entirety.



Recent changes to our ePASS[®] incentive opportunity for professional providers

Based on recent guideline changes made by the Centers for Medicare & Medicaid Services, we are updating the requirements for submitting a SOAP (Subjective, Objective, Assessment, and Plan) Progress Note through ePASS[®] for eligible commercial members.

Beginning October 1, 2014, when submitting a SOAP Progress Note, you must submit the claim or encounter with appropriate diagnoses that supports the submission. If a supporting claim or encounter is *not* submitted, the

submission will be considered incomplete, and you will not be eligible to receive an incentive payment for that SOAP Progress Note.

If you have any questions regarding SOAP Progress Notes or ePASS[®], please contact Inovalon at [1-877-448-8125](tel:1-877-448-8125). For questions about this initiative, please contact Customer Service at [1-800-ASK-BLUE](tel:1-800-ASK-BLUE). ♦



Important news about the annual Synagis® (palivizumab) distribution program



Independence is announcing the Synagis® (palivizumab) distribution program for the 2014-2015 respiratory syncytial virus (RSV) season, which is November through March in the northeastern United States. RSV is the most common cause of bronchiolitis and pneumonia among children younger than 1 year.

During the RSV season, Independence will approve the monthly administration of Synagis® (palivizumab) for infants and children, in accordance with the 2014-2015 recommendations from the American Academy of Pediatrics (AAP). These recommendations are subject to change based on updated recommendations as outlined in the AAP policy statement and *Red Book*®.

Medical necessity criteria for coverage

Synagis® (palivizumab) is a humanized monoclonal antibody that provides passive immunity against RSV. It's intended to decrease the morbidity and mortality associated with RSV lower respiratory tract disease in high-risk infants and children.

Immune prophylaxis using Synagis® (palivizumab) is considered medically necessary and covered for a maximum of five doses during the RSV season for infants and children who have any of the following high-risk conditions (according to the AAP criteria):

- chronic lung disease (CLD) of prematurity;
- history of preterm birth (born before 29 weeks, 0 days) for infants who are younger than 12 months at the start of the RSV season;
- congenital heart disease;
- severe neuromuscular disease;
- congenital abnormalities of the airway;
- cystic fibrosis with nutritional compromise and/or CLD;
- immunocompromised status (e.g., due to transplantation or chemotherapy).

An additional postoperative dose of Synagis® (palivizumab) is considered medically necessary and covered for infants or children younger than 24 months who are medically stable, meet any of the AAP criteria for immune prophylaxis, and have undergone one of the following procedures during RSV season:

- surgical procedures that use cardiopulmonary bypass;
- cardiac transplantation.

If an infant or child receiving monthly prophylaxis with Synagis® (palivizumab) experiences a breakthrough RSV hospitalization, then continued monthly prophylaxis with Synagis® (palivizumab) is considered not medically necessary due to the low likelihood of a second RSV hospitalization during the same season.

Synagis® (palivizumab) is not effective in the treatment of RSV disease, and it is not approved for this indication.

How to obtain Synagis® (palivizumab) for office use

Synagis® (palivizumab) is covered under the member's medical benefit. For the 2014-2015 RSV season, it is mandatory for all participating providers to obtain Synagis® (palivizumab) through ACRO Pharmaceutical Services, an independent company. Independence will coordinate with ACRO Pharmaceutical Services to facilitate delivery of Synagis® (palivizumab) to your office.

The following guidelines apply when ordering Synagis® (palivizumab):

- Synagis® (palivizumab) will generally be approved for office administration only, unless a patient is receiving home nursing services for a separate indication.

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MEDICAL

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- The RSV Enrollment Form must include sufficient clinical information to meet our Synagis® (palivizumab) medical policy criteria, which are based on 2014-2015 AAP recommendations.
- Providers can obtain the RSV Enrollment Form by contacting ACRO Pharmaceutical Services at [1-800-906-7798](tel:1-800-906-7798). Providers should fax completed forms to [1-877-381-3806](tel:1-877-381-3806).
- Since Independence pays ACRO Pharmaceutical Services directly, you neither pay for doses ordered through ACRO Pharmaceutical Services nor receive reimbursement for the actual pharmaceutical.
- Upon approval of your request, Synagis® (palivizumab) will be shipped to your office monthly during RSV season. Shipping for the 2014-2015 RSV season begins on Wednesday, October 29, 2014, and ends on Tuesday, March 31, 2015. Up to five doses (one dose every 30 days) will be shipped per member.

To learn more

To review Medical Policy #08.00.22I: Immune Prophylaxis for Respiratory Syncytial Virus (RSV), go to www.ibx.com/medpolicy and select *Accept and Go to Medical Policy Online*. Then type the policy name or number in the Search box.

If you have questions about the Synagis® (palivizumab) distribution program, please call [1-800-ASK-BLUE](tel:1-800-ASK-BLUE).

Note: MedImmune, LLC, the makers of Synagis® (palivizumab), has a voluntary program called RSV Connection™. However, Independence does not participate in this program. ♦

P

Reminder: Receiving infliximab (Remicade®) in cost-effective settings

Currently, many Independence members who receive infliximab (Remicade®) do so in their physician's office, which Independence recognizes as a cost-effective setting. However, some physicians send their patients to an outpatient facility, where treatment costs may be higher.

For physicians who do not administer in-office infusions, there are two treatment options that may be more cost-effective than the outpatient facility: freestanding infusion suites and home infusion providers. Freestanding in-network infusion suites are becoming popular treatment sites for members to receive infusion drugs like Remicade®. As a result, Walgreens is reaching out to select network physicians whose Independence patients typically receive Remicade® in an outpatient facility setting. Walgreens will discuss the Walgreens Site of Care Optimization Program and highlight the benefits of administering Remicade® in Walgreens infusion suites.

Members who currently receive Remicade® in an outpatient facility setting may also be able to have it administered in their home through an Independence-approved home infusion provider. Many members choose home infusion therapy because they can coordinate their treatment based on their schedule and receive treatment in the comfort and convenience of their own home.

Over the next few months, Independence will send letters to our members to educate them about these additional treatment options and the advantages in terms of safety, convenience, and potentially lower out-of-pocket costs.

To learn more about options for the administration of Remicade® in an infusion suite or the member's home, call Customer Service at [1-800-ASK-BLUE](tel:1-800-ASK-BLUE). ♦



Upcoming changes to precertification requirements for outpatient radiation therapy

Effective January 1, 2015, precertification will be required for outpatient radiation therapy for all commercial and Medicare Advantage HMO and PPO members. Independence is working with CareCore National, LLC (CareCore), an independent company, to manage precertification requests for outpatient, non-emergent radiation therapy services. Precertification is *not* required when radiation therapy is rendered in the inpatient hospital setting.

To initiate precertification for outpatient radiation therapy, a new option will be added to the NaviNet® web portal within the Authorizations transaction that will link to CareCore's provider portal. Providers will also be able to initiate precertification requests by calling CareCore directly at [1-866-686-2649](tel:1-866-686-2649).

Network radiation therapy centers will receive a letter describing the new precertification process through

CareCore in greater detail. Additionally, look for more information about this change in future editions of *Partners in Health Update*.

Note: This precertification requirement does not apply to Federal Employee Program or Comprehensive Major Medical members. ♦

Precertification for other radiology services

Precertification requests for all high-technology diagnostic imaging services (e.g., CT, MRI, PET) will continue to be handled through the current process with AIM Specialty Health®, an independent company.



New precertification requirements for DME providers

Obstructive Sleep Apnea (OSA) is a serious condition which is, fortunately, being diagnosed and treated at an increasing rate. OSA care is predicted to grow at 6 percent annually. In order to help our members receive care that is appropriate, safe, and affordable, Independence has delegated the responsibility for precertification of sleep studies and related equipment and accessories to AIM Specialty Health® (AIM), an independent company.

As was previously communicated, effective January 1, 2014, ordering physicians must submit precertification requests for sleep studies and CPAP titration studies in a facility setting through the AIM ProviderPortalSM for all commercial and Medicare Advantage HMO and PPO members.

Effective January 1, 2015, APAP, BPAP, and CPAP machines and replacement supplies (tubing, water chambers, face masks, etc.) will require precertification by the durable medical equipment (DME) provider to ensure that appropriate devices and the appropriate quantities of supplies are being dispensed. Precertification for these items will be handled by AIM using the AIM ProviderPortal.

Later this month, affected DME providers will receive a letter describing the precertification process through AIM in greater detail. Additionally, look for more information about this change in future editions of *Partners in Health Update*. ♦

AIM is contracted with Independence to perform precertification for select services for most managed care members.



Medical and claim payment policy activity posted from August 23 – September 25, 2014

Below is a listing of the policy activity that we have posted to our website from August 23 – September 25, 2014.

New policies

The following policies have been newly developed to communicate coverage and/or reimbursement positions, reporting requirements, and other processes and procedures for doing business with Independence.

Policy #	Title	Notification date	Effective date
05.00.75	Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)	August 29, 2014	September 30, 2014
06.02.38	Nerve Fiber Density Testing	August 27, 2014	September 26, 2014
08.01.18	Vedolizumab (Entyvio®)	September 24, 2014	October 24, 2014
11.16.07	Bronchial Thermoplasty	N/A	August 27, 2014

Updated policies

The following policies have been reviewed and updated to communicate current coverage and/or reimbursement positions, reporting requirements, and other processes and procedures for doing business with Independence.

Policy #	Title	Type of policy change	Notification date	Effective date
00.06.02k	Preventive Care Services	Medical Necessity Criteria; Medical Coding	June 5, 2014	September 3, 2014
02.02.01f	Hospice and Respite Care	Medical Coding	N/A	August 27, 2014
05.00.50j	Ostomy Supplies	Medical Necessity Criteria; Medical Coding	September 19, 2014	October 20, 2014
05.00.58h	Home Oxygen Therapy	Medical Necessity Criteria	August 27, 2014	September 26, 2014
05.00.60e	Pressure-Reducing Support Surfaces	Medical Necessity Criteria; General Description, Guidelines, or Informational Update	August 13, 2014	September 15, 2014
05.00.61d	Cervical Traction for In-home Use	Medical Necessity Criteria	August 11, 2014	September 10, 2014
05.00.73b	Neuromuscular Electrical Stimulators (NMES) and Functional Electrical Stimulators (FES)	Coverage and/or Reimbursement Position; Medical Necessity Criteria; Medical Coding	September 19, 2014	October 20, 2014
07.00.03l	Full-Body Monoplace or Multiplace Chamber Hyperbaric Oxygen Therapy	Medical Coding; General Description, Guidelines, or Informational Update	N/A	September 10, 2014
07.00.21f	Allergy Immunotherapy	Medical Necessity Criteria; Coverage and/or Reimbursement Position	August 27, 2014	November 25, 2014
07.03.05q	Sleep Disorder Testing	Coverage and/or Reimbursement Position; Medical Necessity Criteria; Medical Coding; General Description, Guidelines, or Informational Update	September 8, 2014	October 8, 2014

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Policy #	Title	Type of policy change	Notification date	Effective date
07.03.07k	Evaluation and Management of Autism Spectrum Disorders (ASD)	Coverage and/or Reimbursement Position; Medical Necessity Criteria; Medical Coding; General Description, Guidelines, or Informational Update	July 28, 2014	August 27, 2014
07.10.05d	Noncontraceptive Use of the Levonorgestrel-Releasing Intrauterine System	General Description, Guidelines, or Informational Update	N/A	September 3, 2014
07.12.01d	Pelvic Floor Stimulation as a Treatment of Incontinence	Coverage and/or Reimbursement Position; Medical Coding; General Description, Guidelines, or Informational Update	August 11, 2014	September 10, 2014
08.00.15c	Off-label Coverage for Prescription Drugs and Biologics	Medical Necessity Criteria; General Description, Guidelines, or Informational Update	N/A	August 27, 2014
08.00.17d	Total Parenteral Nutrition (TPN)/Intradialytic Parenteral Nutrition (IDPN)/Intraperitoneal Parenteral Nutrition (IPN)	Medical Necessity Criteria; General Description, Guidelines, or Informational Update	September 12, 2014	October 13, 2014
08.00.18j	Medical Foods (i.e., Enteral Nutrition and Nutritional Formulas) and Low-Protein Modified Food Products	Coverage and/or Reimbursement Position; Medical Necessity Criteria; Medical Coding; General Description, Guidelines, or Informational Update	N/A	September 10, 2014
08.00.47f	Nesiritide (Natrecor®)	Medical Necessity Criteria; General Description, Guidelines, or Informational Update	September 10, 2014	October 10, 2014
08.00.55e	Omalizumab (Xolair®)	Coverage and/or Reimbursement Position; Medical Necessity Criteria; Medical Coding; General Description, Guidelines, or Informational Update	N/A	August 27, 2014
08.00.67h	Cetuximab (Erbix®)	Medical Necessity Criteria; Medical Coding; General Description, Guidelines, or Informational Update	N/A	August 27, 2014
08.00.76d	Oxaliplatin (Eloxatin®)	Medical Necessity Criteria; Medical Coding	N/A	August 27, 2014
08.00.83d	Pralatrexate (Folotyn®) for Injection	Medical Necessity Criteria; General Description, Guidelines, or Informational Update	N/A	September 24, 2014
08.00.87b	Pemetrexed (Alimta®)	Medical Necessity Criteria; Medical Coding	N/A	August 27, 2014
08.00.88b	Ofatumumab (Arzerra™)	Medical Necessity Criteria	N/A	September 24, 2014
08.00.95c	Personalized Vaccines (e.g., Provenge®)	Medical Necessity Criteria	September 24, 2014	October 24, 2014
08.00.97d	Romidepsin (Istodax®)	Medical Necessity Criteria; Medical Coding; General Description, Guidelines, or Informational Update	N/A	September 24, 2014

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Policy #	Title	Type of policy change	Notification date	Effective date
08.01.07c	Pertuzumab (Perjeta®)	Coverage and/or Reimbursement Position; Medical Necessity Criteria; General Description, Guidelines, or Informational Update	July 30, 2014	August 29, 2014
08.01.09c	Omacetaxine mepesuccinate (Synribo®)	Medical Necessity Criteria; General Description, Guidelines, or Informational Update	N/A	August 27, 2014
08.01.11c	Ado-Trastuzumab Emtansine (Kadcyla®)	Medical Necessity Criteria; General Description, Guidelines, or Informational Update; Medical Coding	July 30, 2014	August 29, 2014
08.01.12a	Repository Corticotropin (H.P. Acthar® Gel Injection)	Coverage and/or Reimbursement Position; Medical Necessity Criteria; General Description, Guidelines, or Informational Update	August 27, 2014	November 25, 2014
09.00.36h	First-Trimester Prenatal Screening for Fetal Aneuploidy	Medical Coding	August 13, 2014	November 11, 2014
10.01.01k	Cardiac Rehabilitation and Intensive Cardiac Rehabilitation Programs	Medical Necessity Criteria; Medical Coding; General Description, Guidelines, or Informational Update	August 27, 2014	September 26, 2014
11.02.17e	Endovascular Stent-Graft Repair of Thoracic Aortic Aneurysms and Nonaneurysmal Lesions	Medical Necessity Criteria; General Description, Guidelines, or Informational Update	N/A	August 27, 2014
11.03.11k	Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD)	General Description, Guidelines, or Informational Update	N/A	August 27, 2014
11.08.15r	Reconstructive Breast Surgery	Coverage and/or Reimbursement Position; Medical Necessity Criteria; General Description, Guidelines, or Informational Update; Medical Coding	August 27, 2014	September 26, 2014
11.14.07k	Intra-Articular Injection of Hyaluronan for the Treatment of Osteoarthritis	Medical Necessity Criteria; Medical Coding; General Description, Guidelines, or Informational Update	N/A	September 10, 2014
11.15.01l	Spinal Cord Stimulation (Dorsal Column Stimulation)	Medical Coding; Medical Necessity Criteria	August 29, 2014	October 1, 2014
11.15.16j	Vagus Nerve Stimulation (VNS)	Coverage and/or Reimbursement Position; Medical Necessity Criteria; Medical Coding	August 29, 2014	October 1, 2014
11.15.20j	Deep Brain Stimulation (DBS)	Medical Coding	August 29, 2014	October 1, 2014

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Reissued policies

The following policies have been reviewed, and no substantive changes were made.

Policy #	Title	Reissue effective date
00.10.35f	Remote Patient Management: Telemedicine and Telehealth	September 3, 2014 (Published September 3, 2014)
02.01.02b	Private Duty Nursing	September 3, 2014 (Published September 3, 2014)
05.00.24k	Interstitial Continuous Glucose Monitoring Systems (CGMSs)	September 3, 2014 (Published September 3, 2014)
06.02.04c	Fetal Fibronectin Enzyme (fFN) Immunoassay	September 3, 2014 (Published September 3, 2014)
06.02.06m	Genetic Testing for Inherited Breast Cancer 1 (BRCA1) and Breast Cancer 2 (BRCA2) Mutations	September 17, 2014 (Published September 19, 2014)
06.02.10l	Genetic Testing for Inherited Susceptibility to Colon Cancer and Microsatellite Instability Testing (Familial Adenomatous Polyposis and Lynch Syndrome)	September 17, 2014 (Published September 19, 2014)
06.02.27e	Assays of Genetic Expression in Tumor Tissue for Breast Cancer Prognosis	September 17, 2014 (Published September 19, 2014)
06.02.30c	Pharmacogenetic Testing to Determine Drug Sensitivity	September 17, 2014 (Published September 19, 2014)
06.02.31c	Genetic Testing for Congenital Long QT Syndrome	September 17, 2014 (Published September 22, 2014)
06.02.35g	Genetic Testing	September 17, 2014 (Published September 19, 2014)
07.00.05f	In Vivo Allergy Sensitivity Testing	September 17, 2014 (Published September 19, 2014)
07.00.10g	Photodynamic Therapy (PDT) using Porfimer Sodium (Photofrin®)	September 17, 2014 (Published September 19, 2014)
07.05.06e	Transcatheter Arterial Chemoembolization (TACE) of Hepatic Malignancies	September 17, 2014 (Published September 19, 2014)
07.05.07b	Drug-Eluting Beads and Bland Embolization for the Treatment of Hepatic Malignancies	September 17, 2014 (Published September 19, 2014)
07.07.03i	Photodynamic Therapy (PDT) Using Levulan® Kerastick® (Aminolevulinic Acid HCl [ALA]) or Metvixia® (Methyl Aminolevulinic Acid [MAL])	September 17, 2014 (Published September 19, 2014)
07.07.09e	Stem-Cell Therapy for Orthopedic Applications and Autologous Platelet-Derived Growth Factors (PDGFs)/Platelet-Rich Plasmas (PRPs) for Acute or Chronic Wound Healing and Other Miscellaneous Conditions	September 17, 2014 (Published September 19, 2014)
07.08.03a	Medical and Surgical Treatment of Temporomandibular Joint Disorder	September 3, 2014 (Published September 3, 2014)
07.11.02d	Measurement of Exhaled Nitric Oxide and Breath Condensate in the Diagnosis and Management of Asthma and Other Respiratory Disorders	September 3, 2014 (Published September 3, 2014)
07.13.05g	Photodynamic Therapy (PDT) Using Verteporfin (Visudyne®)	September 17, 2014 (Published September 22, 2014)
07.13.07e	Corneal Pachymetry Using Ultrasound	September 17, 2014 (Published September 23, 2014)
08.00.13o	Immune Globulin Intravenous (IVIG), Subcutaneous (SCIG)	September 3, 2014 (Published September 3, 2014)
08.00.25g	Treatment of Pulmonary Artery Hypertension with Intravenous, Subcutaneous, and Inhaled Pharmacologic Agents Intended for Home Use	September 3, 2014 (Published September 4, 2014)
08.00.26r	Botulinum Toxin Agents	September 3, 2014 (Published September 4, 2014)

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Policy #	Title	Reissue effective date
08.00.50l	Rituximab (Rituxan®)	September 17, 2014 (Published September 19, 2014)
08.00.51g	Enzyme Replacement for the Treatment of Gaucher's Disease	September 3, 2014 (Published September 4, 2014)
08.00.66h	Bevacizumab (Avastin®)	September 3, 2014 (Published September 4, 2014)
08.00.84a	Eculizumab (Soliris®)	September 3, 2014 (Published September 4, 2014)
08.00.99a	Belimumab (Benlysta®)	August 20, 2014 (Published September 18, 2014)
08.01.13	Brentuximab Vedotin (Adcetris®)	September 3, 2014 (Published September 4, 2014)
09.00.48c	Radioembolization for Primary and Metastatic Tumors of the Liver	September 17, 2014 (Published September 19, 2014)
09.00.51a	Positron Emission Mammography (PEM)	September 17, 2014 (Published September 18, 2014)
09.00.52a	Digital Breast Tomosynthesis	September 3, 2014 (Published September 3, 2014)
10.00.02a	Day Rehabilitation	September 3, 2014 (Published September 4, 2014)
10.02.02e	Chiropractic Spinal and Extrapinal Manipulation Therapy	September 17, 2014 (Published September 18, 2014)
10.06.01h	Speech Therapy	September 3, 2014 (Published September 4, 2014)
11.00.09d	Solid Organ Transplants	September 3, 2014 (Published September 4, 2014)
11.00.13d	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	September 17, 2014 (Published September 19, 2014)
11.01.01i	Otoplasty	September 3, 2014 (Published September 3, 2014)
11.01.02j	Cochlear Implant	September 3, 2014 (Published September 4, 2014)
11.01.06a	Bone-Anchored (Osseointegrated) Hearing Aids and Implantable Middle Ear Hearing Aids	September 3, 2014 (Published September 4, 2014)
11.01.07b	Cataract Surgery	September 17, 2014 (Published September 19, 2014)
11.02.06j	Catheter Ablation of Cardiac Arrhythmias	September 3, 2014 (Published September 3, 2014)
11.02.12e	Percutaneous Transluminal Angioplasty (PTA) Concurrent with or without Stenting of the Extracranial Carotid Artery or Intracranial Artery	September 17, 2014 (Published September 19, 2014)
11.02.16o	Ventricular Assist Devices (VADs)	September 3, 2014 (Published September 4, 2014)
11.02.19c	Total Artificial Hearts (TAHs)	September 17, 2014 (Published September 19, 2014)
11.03.01d	Repair of Cleft Lip, Cleft Nose, and/or Cleft Palate	September 3, 2014 (Published September 4, 2014)
11.05.16a	Aqueous Shunts, Visco canalostomy, and Canaloplasty for the Treatment of Glaucoma	September 17, 2014 (Published September 19, 2014)
11.07.01l	Hematopoietic Stem Cell Transplantation (Bone Marrow Transplant)	September 17, 2014 (Published September 19, 2014)
11.07.02f	Sentinel Lymph Node Biopsy	September 3, 2014 (Published September 3, 2014)
11.08.01e	Hair Transplants and Cranial Protheses (Wigs)	September 3, 2014 (Published September 4, 2014)
11.08.02f	Reduction Mammoplasty	September 3, 2014 (Published September 4, 2014)
11.08.03i	Lipectomy and Liposuction	September 3, 2014 (Published September 4, 2014)
11.08.06g	Abdominoplasty and/or Panniculectomy	September 3, 2014 (Published September 4, 2014)

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Policy #	Title	Reissue effective date
11.08.10f	Excision of Redundant Skin	September 3, 2014 (Published September 4, 2014)
11.08.13f	Rhytidectomy and/or Cervicoplasty With or Without Liposuction and/or Platysmaplasty	September 3, 2014 (Published September 4, 2014)
11.08.19j	Prophylactic Mastectomy	September 17, 2014 (Published September 19, 2014)
11.08.25j	Scar Revision	September 17, 2014 (Published September 22, 2014)
11.09.02a	Sex Reassignment Surgery (SRS) for Gender Identity Disorder (GID)	September 3, 2014 (Published September 4, 2014)
11.11.01f	Evaluation and Treatment of Erectile Dysfunction (ED)	September 17, 2014 (Published September 19, 2014)
11.14.10k	Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty	September 3, 2014 (Published September 3, 2014)
11.14.22b	Lumbar Interspinous Process Decompression	September 17, 2014 (Published September 19, 2014)
11.14.26	Surgical Treatments of Athletic Pubalgia	September 3, 2014 (Published September 3, 2014)
11.15.11b	Treatment for Hyperhidrosis (Nonpharmacologic)	September 3, 2014 (Published September 3, 2014)
11.16.01g	Septoplasty, Rhinoplasty, and Septorhinoplasty	September 3, 2014 (Published September 4, 2014)
11.16.06e	Balloon Catheter Dilation of Sinus Ostia for Treatment of Chronic Rhinosinusitis	September 17, 2014 (Published September 19, 2014)
11.17.07f	Radiofrequency Micro-remodeling (by transurethral, transvaginal, or paraurethral approach) for Urinary Stress Incontinence	September 3, 2014 (Published September 4, 2014)
12.05.01g	Outpatient Diabetes Education and Self-Management Training	September 17, 2014 (Published September 19, 2014)

Archived policy

The following policy is deemed no longer necessary by Independence.

Policy #	Title	Notification date	Effective date
08.00.80c	Temozolomide (Temodar®) for Injection	August 27, 2014	September 26, 2014

To view policy activity, go to www.ibx.com/medpolicy and select *Accept and Go to Medical Policy Online*. You can also view policy activity using the NaviNet® web portal by selecting *Reference Tools* from the Plan Transactions menu, then *Medical Policy*. Be sure to check back often, as the site is updated frequently. ♦

PRODUCTS



Upcoming Medicare Advantage HMO and PPO benefits changes

Effective January 1, 2015, there will be several changes to our current Medicare Advantage HMO and PPO plans including the introduction of a new \$0 premium plan – Keystone 65 Basic HMO with Rx. Keystone 65 Basic HMO includes a \$450 deductible that applies to certain services, including durable medical equipment, inpatient hospital, inpatient mental health, outpatient surgery, and prosthetics. The plan will be available to Medicare beneficiaries in Bucks and Philadelphia counties.

Medicare Advantage HMO and PPO members should have already received their 2015 *Annual Notice of Changes/Evidence of Coverage*. They will have until December 7, 2014, to make any changes to their health care plans.

The Member Help Team, Independence’s Medicare Customer Service program, will continue to ensure that our Medicare Advantage HMO and PPO members receive special care and attention. This dedicated service team works closely with other areas within Independence — as well as with billing agencies, pharmacies, and physician offices — to respond to member concerns quickly and resolve their issues the first time around. Members can access the Member Help Team by calling the Customer Service number on the back of their ID card.

The following tables highlight some of the Medicare Advantage HMO and PPO benefits changes for 2015. Please note that this is a list of our significant benefits changes, not a comprehensive list of all benefits changes.

Contact your Network Coordinator if you have any questions. ◆

Medicare Advantage HMO and PPO monthly plan premiums

Plan type	Keystone 65 Basic HMO	Keystone 65 Select HMO	Keystone 65 Preferred HMO	Personal Choice 65 SM PPO
Medical only	Not available	Philadelphia/Bucks: \$0 Chester/Delaware/Montgomery: \$25	Philadelphia/Bucks: \$135 Chester/Delaware/Montgomery: \$194	Philadelphia/Bucks: \$155
Medical with Choice Program (hearing, dental, vision)	Not available	Philadelphia/Bucks: \$7 Chester/Delaware/Montgomery: \$32	Not available	Not available
Medical with Rx	Philadelphia/Bucks: \$0	Philadelphia/Bucks: \$25 Chester/Delaware/Montgomery: \$64	Philadelphia/Bucks: \$190 Chester/Delaware/Montgomery: \$263	Philadelphia/Bucks: \$240 Chester/Delaware/Montgomery: \$113
Medical with Rx and Choice Program	Philadelphia/Bucks: \$7	Philadelphia/Bucks: \$32 Chester/Delaware/Montgomery: \$71	Not available	Not available

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PRODUCTS

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Medicare Advantage HMO and PPO benefits highlights

Service category	Keystone 65 Basic HMO	Keystone 65 Select HMO	Keystone 65 Preferred HMO	Personal Choice 65 SM PPO
Primary care physician visits	\$20 copay per visit	\$20 copay per visit	\$10 copay per visit	\$15 copay per visit
Specialist visits	\$50 copay per visit	\$45 copay per visit	\$40 copay per visit	\$40 copay per visit
Emergency room (U.S. and worldwide)	\$65 copay per visit (not waived if admitted)	\$65 copay per visit (not waived if admitted)	\$65 copay per visit (not waived if admitted)	\$65 copay per visit (not waived if admitted)
Urgent care center	\$30 copay (not waived if admitted to the hospital)	\$30 copay (not waived if admitted to the hospital)	\$20 copay (not waived if admitted to the hospital)	\$20 copay (not waived if admitted to the hospital)
Outpatient surgery	\$150 copay per visit for ambulatory surgical centers, after the deductible is met; \$300 copay per visit for outpatient hospital facility, after the deductible is met	\$150 copay per visit for ambulatory surgical centers; \$400 copay per visit for outpatient hospital facility	\$125 copay per visit for ambulatory surgical centers; \$400 copay per visit for outpatient hospital facility	\$150 copay per visit for ambulatory surgical centers; \$400 copay per visit for outpatient hospital facility
Inpatient hospital	\$270 per day for days 1 – 7 (\$1,890 per stay maximum) per admission, after the deductible is met	\$270 per day for days 1 – 7 (\$1,890 per stay maximum) per admission	\$240 per day for days 1 – 7 (\$1,680 per stay maximum)	\$900 per admission; unlimited days per admission
Dental, vision, hearing (non-Medicare covered)	Benefits available for additional \$7 per month in plan premiums through the Choice Program	Benefits available for additional \$7 per month in plan premiums through the Choice Program	Dental: \$20 copay for exams and cleanings once every 6 months Vision: \$40 copay once every two years; covered up to \$100 every 2 years for eyewear Hearing: \$40 copay once every 3 years; covered up to \$500 for hearing aids (two aids) every 3 years	Not covered



Using in-network retail clinics

Medicare Advantage HMO and PPO members who go to a network retail clinic for preventive and urgent care will pay the same copayment amount as for a primary care physician office visit. A retail clinic is a type of walk-in clinic located in a supermarket, pharmacy, or retail store where members can receive preventive care or treatment for uncomplicated minor illnesses in a non-emergency setting. Retailers include Walgreens (Healthcare Clinics), CVS (MinuteClinic[®]), and Walmart.

Since the types of services vary by location, members are encouraged to call ahead to see if the retail clinic they want to use has the services they need (e.g., some retail clinics do not offer urgent care or flu shots).

Note: Not all retail clinics are a part of our network. To see if a retail clinic is part of the Independence network, members can use the Find a Provider tool at www.ibxmedicare.com. They can also call the Member Help Team for more information using the number on the back of their member ID card.

P

Highlighting HEDIS®: Use of imaging studies for low back pain

This article series is a monthly tool to help physicians maximize patient health outcomes in accordance with NCQA's¹ HEDIS^{®2} measurements for high quality care on important dimensions of services.

Go to www.ibx.com/providers/resources/hedis.html to view previously published Highlighting HEDIS[®] topics. If you have feedback or would like to request a topic, email us at provider_communications@ibx.com.

HEDIS[®] definition

Use of imaging studies for low back pain: The percentage of commercial members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Note: This measure is reported as an inverted rate ($1 - [\text{numerator}/\text{eligible population}]$). A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

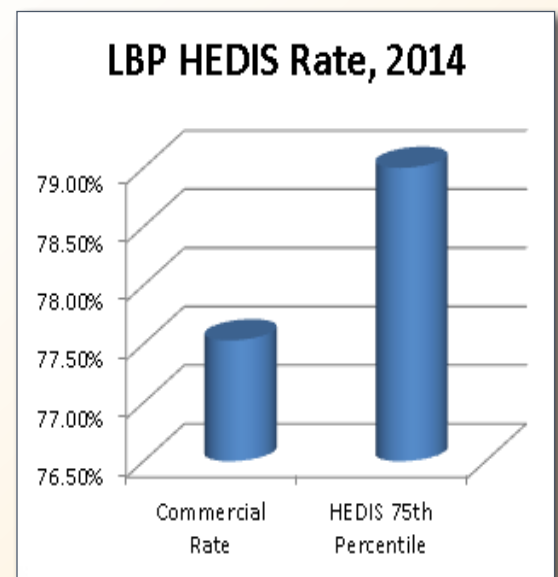
The importance of imaging studies for low back pain

Low back pain is a pervasive problem that affects two-thirds of adults at some time in their lives. It ranks among the top ten reasons for patient visits to internists and is the most common and expensive reason for work disability in the U.S. For most individuals, back pain quickly improves. Nevertheless, approximately 15 percent of the U.S. population reports having frequent low back pain that lasted for at least two weeks during the previous year. Persistent pain that lasts beyond 3 to 6 months occurs in only 5 percent to 10 percent of patients with low back pain. According to the American College of Radiology, uncomplicated low back pain is a benign, self-limited condition that does not warrant imaging studies. The majority of patients are back to their usual activities in 30 days.

— NCQA, HEDIS 2013 V1 ♦

Plan performance

With a total population of about 12,000 members, if just 177 additional members were appropriately treated for low back pain, the commercial rate would exceed the HEDIS[®] 75th percentile.



¹The National Committee for Quality Assurance (NCQA) is the most widely recognized accreditation program in the U.S.

²The Healthcare Effectiveness Data and Information Set (HEDIS) is an NCQA tool used by more than 90 percent of U.S. health plans to measure performance on important dimensions of care.

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QUALITY MANAGEMENT



Changes to the QPM score program for measurement year 2014

The following is a summary of changes being made to the Quality Performance Measure (QPM) score program, a component of the Quality Incentive Payment System (QIPS) program, for measurement year 2014. Eligible primary care physicians (PCPs) will be sent a letter to further explain these changes.

Feedback process

Traditionally, in the first quarter following the measurement year practices would be given an opportunity to submit feedback on members who, based on our records, did not receive the indicated services. However, this report did not include a full 12 months of claims data.

Beginning with measurement year 2014, practices will receive reports, based on a full 12 months of claims data and 2 months of run-out, that include the following:

- a preliminary QPM percentage and tier;
- a summary, by measure, of the number of members eligible for services and the number of members who received these services;
- a list of members who did not receive services.

Unlike previous years, the feedback process going forward will become optional. If a practice wishes to provide additional documentation to validate the rendering of services that could potentially change their performance outcome, they must elect to do so by notifying Independence via email within a specific time frame.

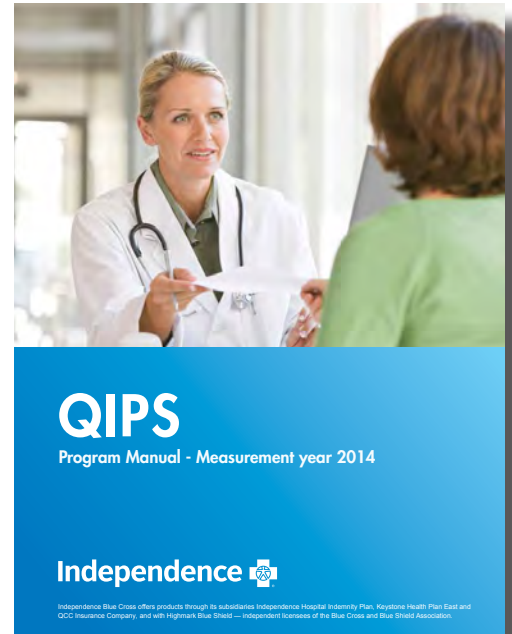
Opportunity report

Due to a system upgrade, the data necessary to produce the opportunity report is unavailable. Therefore, for measurement year 2014, an opportunity report will not be available.

Quality performance measures

As a result of a clinical review and provider feedback, the following quality performance measures have been eliminated from measurement year 2014:

- Cholesterol management (LDL-C) for patients with cardiovascular conditions
- Diabetic care
 - LDL-C screening
 - LDL-C results



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QUALITY MANAGEMENT

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In addition, the following quality performance measures have been updated for measurement year 2014 based on changes to the Healthcare Effectiveness Data and Information Set (HEDIS®):

Measure	Change
Adolescent immunization – Tdap or Td	The measure has been revised to allow for separate tetanus and diphtheria vaccinations.
Diabetic care – Dilated retinal eye examination	The need for a normal eye examination in the year prior to the measurement year has been changed as follows: <ul style="list-style-type: none">● Previous. Dilated retinal eye examination in the measurement year (2014) by an ophthalmologist or optometrist, or a negative retinal exam in the year prior to the measurement year (2013).● Updated. Dilated retinal eye examination by an ophthalmologist or optometrist in the measurement year (2014) or in the year prior to the measurement year (2013).
Osteoporosis management in women who had a fracture	<ul style="list-style-type: none">● The age range has changed to 67 through 85. Previously, there was no upper age limit.● Pathological fractures have been removed from qualifying fractures.

Updated QIPS Program Manual

These changes, in detail, will be incorporated into the *QIPS Program Manual – Measurement Year 2014*, which is available on the NaviNet® web portal in the Current Publications section of Independence’s Plan Central.

If you have any questions about these program changes, contact your Network Coordinator. ◆

QUALITY MANAGEMENT



Quality ranking for primary care offices

We want to recognize the primary care physician (PCP) offices that have demonstrated a dedication to high-quality patient care by achieving the highest rank in quality of care for the Quality Performance Measure (QPM) score program for measurement year 2013.

The QPM score program is a comprehensive ranking system of quality measures for primary care offices with 150 or more commercial HMO/POS and Medicare Advantage HMO members. We congratulate the offices listed below for achieving excellence, in aggregate, in the following areas of preventive care:

- childhood and adolescent immunizations;
- childhood and adolescent well visits;
- cancer prevention in the areas of breast, cervical, and colorectal cancer screenings;
- heart care (cholesterol management for patients with cardiovascular conditions, beta-blocker treatment after a heart attack);
- asthma care (use of preferred medications for patients with chronic persistent asthma);
- diabetic care (HbA1c testing, LDL-C screening, eye exam rates, and nephropathy screening);
- chronic obstructive pulmonary disease care (use of spirometry testing in assessing and diagnosing);
- rheumatoid arthritis care (disease-modifying anti-rheumatic drug therapy);
- fracture care (osteoporosis management in women).

Note: Offices are listed alphabetically by group name or provider first name.



Tier 1 primary care offices

Abington Bucks Internal Medicine
Abington Cedarbrook, IM
Abington Plaza Medical Associates, Inc.
Alan C. Bilsky, M.D., LLC
Andorra Pediatrics
Aria Health Physician Services – Central Square Medical Office
Aria Health Physician Services – Cherkassky
Aria Health Physician Services – Maya Tsysina, M.D.
Aria Health Physician Services – Northeast Internal
Aria Health Physician Services – Oxford Internal Medicine
Aria Health Physician Services – Sweetbriar
Aria Medical Associates
Aria Physician Services – Juniata
Aria Village Shires Family Practice
Arlene P. Imber, D.O.
Arthur K. Smith, M.D.
Bi County Medical Associates
BMC Primary Care Physician, LLC
Broderman Internal Medicine Associates
Brookside Family Practice and Pediatrics
Bucks County Family Practice, PC

Tier 1 primary care offices

Buxmont Medical Associates
Care Network – Roxborough
Care Network Newtown – Newtown Pavilion
Center City Pediatrics, LLC
Central Bucks Family Practice, PC
Cevallos and Moise Pediatric Associates, PC
Cheltenham Internal Medicine
City Line Family Medicine, PC
City of Philadelphia Health Care Center 10 Internal Medicine
Colonial Family Practice
Complete Physicians Services, LTD
Cowpath Pediatrics, LLC
Delphi Family Health Center
Doylestown Medical Associates, PC
Drexel Family Practice Associates at Manayunk
Drexel Internal Medicine at Center City
Drexel Medicine at Fairmount
Einstein – Family Medicine at Elkins Park
Einstein – Germantown Internal Medicine
Einstein – Germantown Professional Associates
Einstein – Roxborough Internal Medicine

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QUALITY MANAGEMENT

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Tier 1 primary care offices

Einstein Center One Family Medicine

Einstein Germantown Family Medicine

Einstein Holland Pediatrics at Dresher

Elefant Galante, PC

Ettinger and Zubkoff, M.D.

Family Practice Associates of King of Prussia

Family Practice of Honeybrook

Founders Medical Practice, PC

G.S. Peter Gross, D.O., PC – South Eight Street

Gardner Medical Associates

Gateway Family Practice – Downingtown

Gateway Family Practice of Newtown

Great Valley Medical Associates, PC

Han Crozer Internal Medicine

Han Dr. Conroy and Associates

Herbert Secouler, D.O.

Horsham Pediatric Associates, PC

Internal Medicine Associates of Abington

Internal Medicine Associates of Abington, Maple Glen

J. Andrew Solis, M.D., PC

James W. Flanagan, M.D., Family Practice

Jefferson Medical Care

Joseph W. Price, M.D.

Junewood Medical Practice

Kenneth V. Nguyen, M.D.

Kressly Pediatrics, PC

Leonard Haltrecht, D.O., PC

Lincoln Internal Medicine

LMG Family Practice, PC – Blue Bell

LMG Family Practice, PC – Chalfont

LMG Family Practice, PC – Lansdale

Lower Bucks Pediatrics, PC

Luxembourg Medical Associates – Langhorne Physician Services

Main Line Family Medicine, David R. Battaglia, M.D.

Main Line Family Medicine, Lauren S. Rosen, M.D.

Main Line Family Medicine, Susan Sandler, M.D.

Main Line Healthcare – Rosemary D. Casey, M.D.

Tier 1 primary care offices

Main Line Healthcare Conshohocken

Marc M. Kress, M.D., & Associates

Margiotti & Kroll Pediatrics, PC – Newtown

Margiotti & Kroll Pediatrics, PC – Northeast

Margiotti & Kroll Pediatrics, PC – Warrington

Matthew Frankel, M.D.

Meadowbrook Pediatrics, PC

Media Pediatrics, PC

Medical Group at Marple Commons

Michael Lyons, M.D.

Mt. Airy Family Practice

Murali Pediatrics, LLC

Myers, Squire, & Limpert

Nazareth Physician Services

Ninth Street Internal Medicine Associates, LTD

Palisades Family Practice

Paoli Family Medicine

Paoli Pediatrics

Patricia C. Johnston, M.D.

Peace Valley Internal Medicine, PC

Pediatric Associates of Paoli

Pediatric Associates of Plymouth

Penncare – Bala Cynwyd Medical Associates

Penncare – Dr. Michael Cirigliano

Penncare – West Chester Family Practice

Penncare Adolescent Young Adult Associates

Personal Physician Services, PC

Pinnacle Physicians Group, LLC – Frankford Avenue Family Practice

Pinnacle Physicians Group, LLC – Oxford Circle Family Medicine

Pinnacle Physicians Group, LLC – Parkwood Medical Practice

Pinnacle Physicians Group, LLC – Stoltz and Hahn Medical Associates

Pinnacle Physicians Group, LLC – Street Road Medical Associates

Primary Health Network – A Division of PMA Medical Specialists (1317 South 56th Street, Philadelphia)

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QUALITY MANAGEMENT

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Tier 1 primary care offices

Primary Health Network – A Division of PMA Medical Specialists (1999 Sproul Road, Suite 21, Broomall)

Richard A. Strulson, D.O., PC

Rittenhouse Internal Medicine

Ronda G. Karp, D.O.

S. Denise Hoffman, M.D., Family Medicine

Spring Ford Family Practice

Springhouse Internal Medicine

Steven Sklar, D.O., PC

The Pediatric and Adolescent Medicine Centers of Philadelphia – Cedar Avenue

The Pediatric and Adolescent Medicine Centers of Philadelphia – West School House Lane

Tier 1 primary care offices

TPI Baiocchi and Rosenberg

Tri-County Pediatrics, Inc.

Trivalley Primary Care – Franconia Office

Trivalley Primary Care – Lower Salford Office

Trivalley Primary Care – Upper Perkiomen Office

Vicky P. Berberian, M.D.

Wayne Pediatric Associates

Whalen and McElmoyle Family Medicine – Langhorne Physician Services

Whiteland Medical Associates

William T. Chain, Jr., M.D.

Willow Grove Internal Medicine Associates

Congratulations again to the above-listed PCP offices for demonstrating excellence in quality by achieving the highest rank in 2014, based on 2013 data, for the QPM score program. ◆

CONSUMERISM



New Care Cost Estimator tool available for migrated PPO and PHO members

Over the past few years, Independence has introduced several new tools and features to assist our members in becoming more informed consumers and managing their health benefits. In addition, these tools can assist providers as they strive to become more accountable for the cost and quality of care being delivered.

A new tool – Care Cost Estimator – was released on September 12, 2014, to help educate members about covered services, treatment options, and anticipated out-of-pocket costs as they apply to their specific health plan. This tool is currently available for PPO and PHO members who have been migrated to our new operating platform and will be offered to new PPO and PHO members upon their migration to the new platform.

Keeping consumers informed

The Care Cost Estimator tool, available through our secure member portal, ibxpress.com, helps members better understand their share of health care costs by providing cost estimates for more than 1,300 in-network inpatient, outpatient, laboratory, and diagnostic procedures, as well as provider office visits. By leveraging the national Blue Cross and Blue Shield Association claims database, the tool estimates cost ranges, takes into consideration a member's current deductible balance, copayment amounts, and, if applicable, coinsurance.

Members will receive a list of network providers, based on their search parameters, who match their criteria with a range of estimated procedure costs for covered services. They can then compare these estimated costs to help them make more informed decisions about how to spend their health care dollars.

To access the Care Cost Estimator tool, members must log in to their account at www.ibxpress.com, where they can link to the tool directly from the homepage.

If you have any questions about the Care Cost Estimator tool, please call [1-800-ASK-BLUE](tel:1-800-ASK-BLUE). ◆

HEALTH AND WELLNESS

P

Encourage members to exercise to help reduce their risk of falling

Falls are the leading cause of injury in older adults. Each year, more than one-third of U.S. adults ages 65 and older experience a fall and, in more than 20 percent of those cases, the falls lead to injuries like joint problems, bone fractures, and brain trauma.¹ Recovery can be difficult and, in many cases, falls lead to a decline in independence and in overall health.²

Poor eyesight, dizziness caused by medication, and tripping hazards in the home are common reasons for falls. Many times, however, falls are simply caused by imbalance or a lack of strength. It's just one more reason to emphasize the benefits of leading an active, healthy lifestyle at any age.

Reduce the risk of falls

Exercise can help reduce the risk of falling by:

- improving balance and strength;
- decreasing the need for medication that affects balance;
- increasing the confidence needed to live an active lifestyle, which reduces the risk of falling.

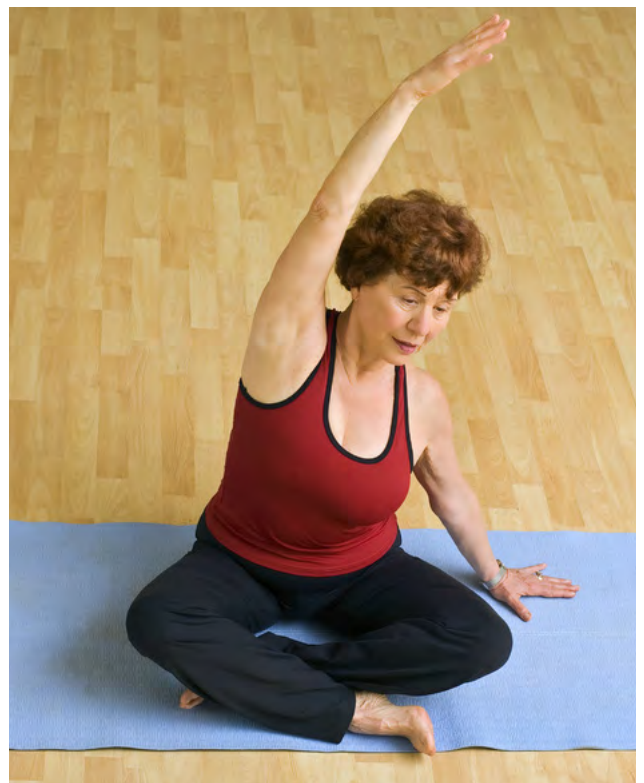
The Healthways SilverSneakers® Fitness program can help

Prescribing an exercise program for your older patients will help them to build strength and improve balance. But while the facts are decisive, convincing older patients to adopt an exercise program can be challenging.

The SilverSneakers Fitness program makes it easier to turn a medical recommendation into a reality. With the general advice to “eat right and exercise,” you can direct Independence Medicare Advantage patients to a comprehensive program that provides encouragement, direction, and support every step of the way.

With more than 2 million members, SilverSneakers is the nation's leading physical activity program. Designed exclusively for older adults, SilverSneakers members have access to more than 11,000 fitness locations nationwide and to fitness classes such as tai chi, yoga, and swimming. They have the tools and support they need to get strong and fit and to build confidence.

SilverSneakers is a benefit available to Keystone 65 Select HMO, Keystone 65 Preferred HMO, and Personal Choice 65SM PPO members at no additional cost. Please encourage these members to contact their health plan for more information on their SilverSneakers eligibility. To learn more, they can visit www.silversneakers.com or call 1-888-423-4632 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m., ET. ♦



¹<http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>

²<http://stopfalls.org/what-is-fall-prevention/fp-basics>

This is not a statement of benefits. Benefits may vary based on Federal requirements, Benefits Program (HMO, PPO, etc.), and/or employer groups. Providers should call Customer Service for the member's applicable benefits information. Members should be instructed to call the Customer Service telephone number listed on their ID card.

SilverSneakers® is a registered trademark of Healthways, Inc., an independent company.

Important Resources

Anti-Fraud and Corporate Compliance

Hotline 1-866-282-2707 or www.ibx.com/antifraud

Care Management and Coordination

Baby BluePrints® 215-241-2198 / 1-800-598-BABY (2229)*

Case Management 1-800-ASK-BLUE

Condition Management Program 1-800-ASK-BLUE

Credentialing

Credentialing Violation Hotline 215-988-1413 or www.ibx.com/credentials

Customer Service/Provider Services

Provider Automated System† (eligibility/claims status/precertification) 1-800-ASK-BLUE

Provider Services user guide www.ibx.com/providerautomatedsystem

Electronic Data Interchange (EDI)

Highmark EDI Operations 1-800-992-0246

FutureScripts® (commercial pharmacy benefits)

Prescription drug prior authorization 1-888-678-7012

Pharmacy website (formulary updates, prior authorization) www.ibx.com/rx

FutureScripts® Secure (Medicare Part D pharmacy benefits)

FutureScripts Secure Customer Service 1-888-678-7015

Formulary updates www.ibxmedicare.com

NaviNet® web portal

Independence eBusiness Hotline 215-640-7410

Registration www.navinet.net

Other frequently used phone numbers and websites

Independence Direct Ship Injectables Program (medical benefits) www.ibx.com/directship

Medical Policy www.ibx.com/medpolicy

Provider Supply Line 1-800-858-4728 or www.ibx.com/providersupplyline

*Outside 215 area code

†The Provider Automated System will be phased out as members are migrated to the new operating platform. For more information go to www.ibx.com/pnc/businesstransformation.

New Medicare Advantage HMO and PPO policy notifications posted October 1, 2014

Below is a listing of the policy notifications available on our website for Medicare Advantage HMO and PPO policies that go into effect January 1, 2015. To view all notifications and policy changes, visit www.ibx.com/medpolicy and select *Accept* and *Go to Medical Policy Online*. Then select the *Medicare Advantage* link under “Policy Notifications.”

The below policies are listed numerically within the following categories:

- Administrative
- Anesthesia
- Case Management
- Clinical Logic
- Dental
- Durable Medical Equipment (DME)
- Pathology and Laboratory
- Medicine
- Drugs and Biologics
- Radiology
- Rehabilitation Services
- Surgery
- Miscellaneous

Administrative

Policy #	Title
MA00.001	Obsolete or Unreliable Diagnostic Tests and Medical Services
MA00.002	Continuous Glucose Monitors
MA00.003	Preventive Care Services
MA00.004	Routine Costs of Clinical Trials and Coverage of Investigational Devices A and B
MA00.005	Experimental/Investigational Services
MA00.008	Infusion Therapy Services as Performed by Home Infusion Providers
MA00.009	Reporting and Documentation Requirements for Anesthesia Services
MA00.010	PPO Network Rules for Provision of Specialty Services for Durable Medical Equipment and Laboratory, Radiology, and Physical Medicine and Rehabilitative Services
MA00.011	Modifier 62: Two Surgeons
MA00.012	Cast and Splint Applications and Associated Supplies Provided in the Office Setting
MA00.013	Physician Standby Services
MA00.014	Modifier 66: Surgical Team
MA00.015	Modifiers for Assistant-at-Surgery Services: 80, 81, 82, and AS
MA00.016	Add-on Codes
MA00.017	Medical Team Conferences
MA00.018	Prolonged Face-to-Face Physician Services
MA00.019	Radiologic Guidance of a Procedure
MA00.021	STAT Laboratory Tests Performed in the Outpatient Hospital Setting for Health Maintenance Organization (HMO) and Point-of-Service (POS) Products

Policy #	Title
MA00.022	Intravenous (IV) Administration of Fluids as a Treatment of a Medical Condition or for the Preparation of Pharmaceuticals, Biologics, and other Substances
MA00.023	Inpatient Hospital Readmission
MA00.024	Reporting Requirements for Drugs and Biologics
MA00.025	Reporting of Healthcare Common Procedure Coding System (HCPCS) C Series Codes
MA00.026	Always Bundled Procedure Codes
MA00.027	Diagnostic Radiology Services Included in Capitation
MA00.028	Outpatient Short-Term Rehabilitation Services Included in Capitation
MA00.029	Physical Medicine and Rehabilitation Services Eligible for Reimbursement Above Capitation to Physical and Occupational Therapy (PT/OT) Providers for Members Enrolled in Health Maintenance Organization (HMO) or Health Maintenance Organization Point-of-Service (HMO-POS) Products
MA00.030	Laboratory Services for Members Enrolled in Health Maintenance Organization (HMO) or Health Maintenance Organization Point-of-Service (HMO-POS) Products
MA00.031	X-rays Associated with Fractures in the Office Setting
MA00.032	Direct Access Obstetrics/Gynecology (OB/GYN)
MA00.033	Services Paid Above Capitation for Health Maintenance Organization (HMO) Primary Care Physicians
MA00.034	Photography Used for Documentation/Record-Keeping Purposes
MA00.035	Home Visits by a Physician
MA00.036	Remote Patient Management: Telemedicine and Telehealth

Administrative (continued)

Policy #	Title
MA00.037	Billing for Professional Office-Based Services Performed in an Outpatient Office-Based Setting Located within a Facility or on a Facility Campus
MA00.038	Marijuana for Medical Use
MA00.039	Never Events and Preventable Adverse Events
MA00.040	Facility Reporting of Observation Services
MA00.041	National Correct Coding Initiative (NCCI) Code Pair Edits
MA00.042	Humanitarian Use Devices (HUDs)
MA00.044	Diagnosis Criteria for Reimbursement of Emergency Room Services
MA00.045	Reimbursement for Certified Registered Nurse Practitioners (CRNP)

Anesthesia

Policy #	Title
MA01.001	Anesthesia Services for a Cancelled or Discontinued Procedure
MA01.002	Preoperative Consultations Performed by Providers in Anesthesia Specialties
MA01.003	Organ and Tissue Recovery from a Cadaveric Donor and Associated Services
MA01.004	Continuous Local Delivery of Anesthesia to Operative Sites Using an Elastomeric Infusion Pump
MA01.005	Multiple Procedure Payment Reduction (MPPR) on Certain Diagnostic Services

Case Management

Policy #	Title
MA02.001	Hospice Care
MA02.002	Private Duty Nursing
MA02.003	Home Health Care Services

Clinical Logic

Policy #	Title
MA03.001	Modifier 76: Repeat Procedure by Same Physician
MA03.002	Modifier 50: Bilateral Procedure
MA03.003	Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Day of a Procedure or Other Service
MA03.004	Modifier 51: Multiple Procedures

Policy #	Title
MA03.005	Modifier 59: Distinct Procedural Service
MA03.006	Modifiers LT/RT: Left Side/Right Side Procedures
MA03.007	Modifier 77: Repeat Procedure by Another Physician
MA03.008	Modifier 78: Unplanned Return to the Operating/Procedure Room by the Same Physician Following the Initial Procedure for a Related Procedure During the Postoperative Period
MA03.009	Modifier 24: Unrelated Evaluation and Management Service by the Same Physician during a Postoperative Period
MA03.010	Modifier 57: Decision for Surgery
MA03.011	Modifiers 26 (Professional Component) and TC (Technical Component)
MA03.012	Modifier 79: Unrelated Procedure or Service by the Same Physician During the Postoperative Period
MA03.013	Modifier 51 Exempt
MA03.014	Modifier 52 Reduced Services
MA03.015	Electrocardiogram (ECG/EKG) Reported with Single Photon Emission Computed Tomography (SPECT) for Myocardial Perfusion Imaging (MPI)
MA03.016	Insertion or Application of Urinary Catheters and the Associated Supplies Provided in the Office Setting
MA03.017	Modifiers for Shared or Split Surgical Services (Modifiers 54, 55, 56)

Dental

Policy #	Title
MA04.001	Dental Extractions Prior to Cardiac Surgery, Radiation Therapy, or Transplant Surgery
MA04.002	Extraction of Bony Impacted Teeth and Exposure of Impacted Teeth

DME

Policy #	Title
MA05.001	High-Frequency Chest Wall Oscillation Devices
MA05.002	Hospital Beds and Accessories
MA05.003	Speech and Non-Speech Generating Devices
MA05.004	Pneumatic Compression Therapy Devices for Lymphedema and Chronic Venous Insufficiency
MA05.005	Automatic External Defibrillators
MA05.006	Transcutaneous Electrical Nerve Stimulators (TENS) and Associated Supplies
MA05.007	Nebulizers

DME (continued)

Policy #	Title
MA05.008	Negative Pressure Wound Therapy
MA05.009	Cervical Traction Devices for In-home Use
MA05.010	Ankle-Foot/Knee-Ankle-Foot Orthoses
MA05.011	Seat Lift Mechanisms
MA05.012	Orthopedic Footwear
MA05.013	Knee Braces
MA05.014	Ostomy Supplies
MA05.015	Home Blood Glucose Monitors and Supplies
MA05.016	Home Prothrombin Time Monitoring
MA05.017	Home Oxygen Therapy
MA05.018	Osteogenic Stimulators (i.e., Electrical Bone Growth Stimulation and Low-Intensity Ultrasound Accelerated Fracture Healing System)
MA05.019	Continuous Passive Motion (CPM) Devices for Home Use
MA05.020	Therapeutic Shoes
MA05.021	Injectable Dermal Fillers
MA05.022	Home-Use Light Box for the Treatment of Seasonal Affective Disorder (SAD)
MA05.023	Wheelchair Cushions and Seating
MA05.024	Lower Limb Prostheses
MA05.025	Pressure Reducing Support Surfaces
MA05.026	Manual Wheelchair Bases
MA05.028	Durable Medical Equipment (DME) Not Subject to a Rental to Purchase Maximum
MA05.029	Heating Pads and Heat Lamps
MA05.030	Spinal Orthoses
MA05.031	Patient Lifts
MA05.032	Power Mobility Devices
MA05.033	External Breast Prosthesis
MA05.034	Tracheostomy Care Supplies
MA05.035	Cold Therapy Devices
MA05.036	Commodes
MA05.037	Walkers
MA05.039	Non-Implantable Pelvic Floor Electrical Stimulator
MA05.040	Food and Drug Administration (FDA) Approval of Medical Devices
MA05.041	Blood Pressure Devices for Home Use

Policy #	Title
MA05.042	Pulse Oximetry Device in the Home Setting
MA05.043	Mechanical Stretching Devices for the Treatment of Joint Stiffness or Contractures
MA05.044	Durable Medical Equipment (DME)
MA05.045	Compression Garments
MA05.046	Wheelchair Options/Accessories
MA05.047	Treatment of Obstructive Sleep Apnea (OSA) and Primary Snoring in Adults
MA05.048	Bladder Stimulators (Pacemakers)
MA05.049	Electronic Speech Aids
MA05.050	Eye Prosthesis
MA05.052	Canes and Crutches
MA05.053	Implantable and External Infusion Pumps
MA05.054	Urological Supplies
MA05.055	Standing Frames
MA05.056	Noninvasive Respiratory Assist Devices (RADs): Continuous Positive Airway Pressure (CPAP) and Bi-Level Devices (BiPAP)
MA05.057	Upper-Limb Prostheses
MA05.058	Neuromuscular Electrical Stimulators (NMES) and Functional Electrical Stimulators (FES)
MA05.059	Electrical Continence Aid
MA05.061	Home Use of Interferential and Sequential Stimulation Devices
MA05.062	Repair and Replacement of Durable Medical Equipment (DME)
MA05.063	Repair or Replacement of an External Prosthetic Device
MA05.064	Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)

Pathology and Laboratory

Policy #	Title
MA06.001	Apheresis Therapy
MA06.002	In Vitro Allergy Testing
MA06.004	In Vivo Allergy Sensitivity Testing
MA06.006	Lyme Disease: Diagnosis and Intravenous (IV) Antibiotic Treatment
MA06.007	Loss-of-Heterozygosity-Based Topographic Genotyping with PathFinderTG®
MA06.008	Pharmacogenetic Testing to Determine Drug Sensitivity
MA06.009	Computer Analysis and Generation of Automated Data in Conjunction with Diagnostic Studies

Pathology and Laboratory (continued)

Policy #	Title
MA06.010	Genetic Testing for Inherited Breast Cancer 1 (BRCA1) and Breast Cancer 2 (BRCA2) Mutations
MA06.011	Human Immunodeficiency Virus (HIV) Genotyping and Phenotyping
MA06.012	Genetic Testing for Inherited Susceptibility to Colon Cancer and Microsatellite Instability Testing (Familial Adenomatous Polyposis and Lynch Syndrome)
MA06.013	Serodiagnosis of Inflammatory Bowel Disease (IBD) and the Prometheus® IBD sgi Diagnostic™ Test
MA06.014	Pharmacogenetics and Metabolite Monitoring Using Azathioprine (AZA)/6-Mercaptopurine (6-MP) Therapy
MA06.015	AlloMap™ Molecular Expression Testing for Heart Transplant Rejection
MA06.016	Heartsbreath Test for Heart Transplant Rejection
MA06.017	Molecular Diagnostics
MA06.018	Immune Cell Function Assay
MA06.019	Measurement of Serum Antibodies to and Measurement of Serum Levels of Infliximab and Adalimumab
MA06.020	Autologous Blood Services (Collection, Storage, Transfusion, and Perioperative Salvage)
MA06.021	In Vitro Chemosensitivity and Chemoresistance Assays
MA06.022	Biomarkers for Oncology
MA06.023	Nerve Fiber Density Testing
MA06.030	Circulating Tumor Cell (CTC) Assay

Medicine

Policy #	Title
MA07.001	Hyperbaric Oxygen Therapy
MA07.002	Ultraviolet Light Therapy for the Treatment of Dermatological Conditions
MA07.003	Photodynamic Therapy Using Verteporfin (Visudyne®)
MA07.004	Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)
MA07.005	Ambulatory Blood Pressure Monitoring (ABPM)
MA07.008	Platelet-Rich Plasma (PRPs) for Chronic Non-Healing Wounds and Stem-Cell Therapy for Orthopedic Applications
MA07.009	Routine Foot Care For Certain Medical Conditions
MA07.010	Biofeedback Therapy

Policy #	Title
MA07.011	Topical Oxygenation
MA07.012	External Counterpulsation (ECP)
MA07.013	Electrical Stimulation and Electromagnetic Stimulation for the Treatment of Wounds
MA07.014	Magnetic Pelvic Floor Stimulation (MPFS)
MA07.015	Evaluation and Management (E&M) of Diabetic Peripheral Neuropathy with Loss of Protective Sensation (LOPS)
MA07.016	Intravenous Chelation Therapy
MA07.017	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)
MA07.018	Anorectal Manometry, Electromyography (EMG) of Anorectal or Urethral Sphincters; Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters
MA07.019	Reimbursement for the Administration of Immunizations
MA07.020	Whole-body Integumentary Photography and Dermatoscopy
MA07.021	Partial Coherence Interferometry
MA07.022	Wireless Capsule Endoscopy
MA07.024	Medical and Surgical Treatment of Temporomandibular Joint Disorder
MA07.025	Intrauterine Systems (IUSs) (e.g., Mirena®, Skyla®)
MA07.029	Refractive Lenses
MA07.030	Photodynamic Therapy (PDT) using Porfimer Sodium (Photofrin®)
MA07.033	Nerve Conduction Studies (NCS) and Related Electrodiagnostic Studies
MA07.035	Repetitive Transcranial Magnetic Stimulation (rTMS)
MA07.036	Cold Laser Therapy
MA07.038	Neuropsychological Evaluation/Testing
MA07.039	Magnetoencephalography (MEG) with Magnetic Source Imaging (MSI)
MA07.040	Transcatheter Arterial Chemoembolization (TACE) of Hepatic Malignancies
MA07.041	Drug-Eluting Beads and Bland Embolization for the Treatment of Hepatic Malignancies
MA07.042	Complete Decongestive Therapy (CDT)
MA07.043	Smell and Taste Dysfunction Testing
MA07.044	Measurement of Exhaled Nitric Oxide and Breath Condensate in the Diagnosis and Management of Asthma and Other Respiratory Disorders
MA07.045	Microvolt T-Wave Alternans (MTWA)
MA07.046	Corneal Pachymetry Using Ultrasound

Medicine (continued)

Policy #	Title
MA07.047	Pain Management of Peripheral Nerves by Injection
MA07.048	Instrument-Based Vision Screening
MA07.049	Implantable Cardiac Loop Monitor
MA07.050	Electromyography (EMG) Studies: Needle EMG, Surface EMG (SEMG)
MA07.051	Intraoperative Neurophysiological Testing
MA07.052	Bioimpedance for the Detection of Lymphedema
MA07.055	Allergy Immunotherapy
MA07.056	Photodynamic Therapy (PDT) Using Levulan® Kerastick® (Aminolevulinic Acid HCl [ALA]) or Metvixia® (Methyl Aminolevulinic Acid [MAL])
MA07.057	Cardiac Event Detection Monitoring (External Loop Monitoring)
MA07.058	Sleep Disorder Testing
MA07.060	Oral and Maxillofacial Prosthesis
MA07.069	Real-Time, Outpatient Cardiac Telemetry

Drugs and Biologics

Policy #	Title
MA08.001	Vedolizumab (Entyvio®)
MA08.002	Nesiritide (Natrecor®) for Treatment of Heart Failure Patients
MA08.003	Enteral Nutritional Therapy
MA08.004	Coagulation Factors for Hemophilia
MA08.005	Elosulfase alfa (Vimizim™)
MA08.007	Medicare Part B vs. Part D Crossover Drugs
MA08.008	Total Parenteral Nutrition (TPN), Intradialytic Nutrition (IDPN) and Intraperitoneal Nutrition (IPN)
MA08.009	Immune Globulin: Intravenous (IVIG), Subcutaneous (SCIG)
MA08.011	Erythropoiesis Stimulating Agents (ESAs)
MA08.012	Off-label Coverage for Prescription Drugs and/or Biologics
MA08.014	Radioimmunotherapy with Ibritumomab Tiuxetan (Zevalin®)
MA08.016	Treatment of Pulmonary Artery Hypertension with Intravenous, Subcutaneous, and Inhaled Pharmacologic Agents Intended for Home Use
MA08.017	Botulinum Toxin Agents
MA08.018	Trastuzumab (Herceptin®)
MA08.019	Infliximab (Remicade®)

Policy #	Title
MA08.021	Dofetilide (Tikosyn®) Use in the Inpatient Setting
MA08.022	Rituximab (Rituxan®)
MA08.023	Enzyme Replacement for the Treatment of Gaucher's Disease
MA08.025	Omalizumab (Xolair®)
MA08.026	Complex Regional Pain Syndrome (CRPS) Parenteral Treatments
MA08.027	Risperidone (Risperdal® Consta®) Injection
MA08.028	Abatacept (Orencia®) for Injection for Intravenous use
MA08.029	Natalizumab (Tysabri®)
MA08.031	Cetuximab (Erbix®)
MA08.033	Agalsidase beta (Fabrazyme®)
MA08.034	Laronidase (Aldurazyme®)
MA08.035	Idursulfase (Elaprase™)
MA08.036	Alglucosidase Alfas, rhGAA (Myozyme®, Lumizyme®)
MA08.037	Bortezomib (Velcade®)
MA08.038	Oxaliplatin (Eloxatin®)
MA08.039	Plerixafor Injection (Mozobil™)
MA08.041	Bendamustine Hydrochloride (Treanda®)
MA08.042	Ustekinumab (Stelara™) for Subcutaneous Injection
MA08.043	Pralatrexate (Foloty®) for Injection
MA08.044	Eculizumab (Soliris®)
MA08.045	Tocilizumab (Actemra®) for Intravenous Infusion
MA08.046	Ecallantide (Kalbitor®)
MA08.047	Pemetrexed (Alimta®)
MA08.048	Ofatumumab (Arzerra™)
MA08.049	Paclitaxel Protein-bound Particles for Injectable Suspension (Albumin-bound)/(Abraxane® for Injectable Suspension)
MA08.050	Alpha 1-Proteinase Inhibitor Therapy (e.g., Prolastin-C®, Aralast™, Aralast NP™, Glassia™, Zemaira™)
MA08.051	C1 Esterase Inhibitors: Cinryze®, Berinert®, and Ruconest®
MA08.052	Denosumab (Prolia™, Xgeva™)
MA08.053	Personalized Vaccines (e.g., Provenge®)
MA08.054	Cabazitaxel (Jevtana®)
MA08.055	Romidepsin (Istodax®)
MA08.056	Eribulin Mesylate (Halaven™)

Drugs and Biologics (continued)

Policy #	Title
MA08.057	Belimumab (Benlysta®)
MA08.059	Ipilimumab (Yervoy®)
MA08.060	Pegloticase (Krystexxa®)
MA08.061	Belatacept (Nulojix®)
MA08.062	Carfilzomib (Kyprolis™)
MA08.063	Pertuzumab (Perjeta®)
MA08.064	Omacetaxine Mepesuccinate (Synribo®)
MA08.065	Octreotide Acetate (Sandostatin® LAR Depot)
MA08.066	Ado-Trastuzumab Emtansine (Kadcyla®)
MA08.067	Repository Corticotropin (H.P. Acthar® Gel Injection)
MA08.068	Brentuximab Vedotin (Adcetris®)
MA08.069	Radium Ra 223 dichloride (Xofigo®) Injection
MA08.070	Golimumab (Simponi® Aria™) Intravenous (IV) Injection
MA08.071	Galsulfase (Naglazyme®)
MA08.072	Bevacizumab (Avastin®)
MA08.073	Intravitreal Injection of Vascular Endothelial Growth Factor (VEGF) Antagonists (e.g., ranibizumab [Lucentis®], pegaptanib sodium [Macugen®], aflibercept [Eylea®])

Radiology

Policy #	Title
MA09.001	Intensity Modulated Radiation Therapy (IMRT)
MA09.002	High-Technology Radiology Services
MA09.004	Echocardiography Contrast Agents
MA09.005	High Osmolar Contrast Agents
MA09.006	Therapeutic Radiology Port Films
MA09.007	Proton Beam Therapy
MA09.008	Low Osmolar Contrast Agents
MA09.009	Diagnostic and Therapeutic Radiopharmaceutical Agents
MA09.010	Magnetic Resonance Imaging (MRI) Contrast Agents
MA09.011	Electron Beam Computed Tomography (EBCT) for Screening Evaluations
MA09.012	Full-Body Computerized Tomography (CT) Scan Screening
MA09.013	Screening for Vertebral Fracture with Dual-Energy X-ray Absorptiometry (DEXA/DXA)

Policy #	Title
MA09.014	Computer Aided Detection (CAD) System for use with Chest Radiographs
MA09.015	Positron Emission Mammography (PEM)
MA09.016	Digital Breast Tomosynthesis
MA09.017	Brachytherapy
MA09.018	Radioembolization for Primary and Metastatic Tumors of the Liver
MA09.019	Magnetic Resonance Imaging (MRI) for Monitoring the Integrity of Silicone-Gel-Filled Breast Implants in Asymptomatic Individuals

Rehabilitation Services

Policy #	Title
MA10.001	Pulmonary Rehabilitation Services
MA10.002	Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Programs
MA10.003	Physical Medicine & Rehabilitation Services: Physical Therapy (PT) and Occupational Therapy (OT)
MA10.004	Chiropractic Services
MA10.005	Day Rehabilitation
MA10.007	Speech Therapy

Surgery

Policy #	Title
MA11.001	Treatment of Varicose Veins of the Lower Extremities and Perforator Vein Incompetence
MA11.002	Hematopoietic Stem Cell Transplantation
MA11.003	Lung Volume Reduction Surgery (LVRS)
MA11.004	Surgical and Minimally Invasive Treatments for Urinary Outlet Obstruction due to Benign Prostatic Hyperplasia (BPH)
MA11.005	Deep Brain Stimulation (DBS)
MA11.006	Bronchial Thermoplasty
MA11.007	Islet Cell Transplantation
MA11.008	Refractive Keratoplasty
MA11.010	Abortion
MA11.011	Artificial Hearts and Ventricular Assist Devices (VADs)
MA11.012	Endovascular Grafts for Abdominal Aortic Aneurysms, Aortic-Iliac Aneurysms, and Infrarenal Aortic Aneurysms
MA11.014	Debridement of Mycotic and Symptomatic Non-Mycotic Hypertrophic Nails
MA11.015	Wound Care: Bioengineered Skin Substitutes

Surgery (continued)

Policy #	Title
MA11.016	Prostate Mapping Biopsy
MA11.017	Trigger Point Injections
MA11.018	Mohs' Micrographic Surgery (MMS)
MA11.019	Vagus Nerve Stimulation (VNS)
MA11.021	Non-Surgical Spinal Decompression Therapy
MA11.022	Cryosurgery of the Prostate
MA11.023	Hyaluronan Acid Therapies for Osteoarthritis of the Knee
MA11.024	Percutaneous Vertebroplasty and Percutaneous Vertebral Augmentation
MA11.025	Percutaneous Intradiscal Annuloplasty (IDET/PIRFT)
MA11.026	Epidural, Paravertebral Facet, and Sacroiliac Joint Injections for Spinal Pain Management
MA11.027	Transcatheter Aortic Valve Replacement (TAVR) and Transcatheter Mitral Valve Repair (TMVR)
MA11.028	Sacral Nerve Stimulation (SNS) and Posterior Tibial Nerve Stimulation (PTNS) for the Control of Incontinence
MA11.030	Reconstructive Breast Surgery
MA11.031	Spinal Cord Stimulation (Dorsal Column Stimulation)
MA11.032	Multiple Surgical Reduction Guidelines
MA11.033	Solid Organ Transplants
MA11.034	Collagen Meniscus Implant
MA11.035	Infrared Photocoagulation (IRC) of Hemorrhoids
MA11.036	Surgical Treatment of Nails
MA11.037	Use of an Operating Microscope During a Surgical Procedure
MA11.038	Radiofrequency Micro-remodeling (by transurethral, transvaginal, or paraurethral approach) for Urinary Stress Incontinence
MA11.039	Cochlear Implantation
MA11.040	Transcatheter Closure of Cardiac Septal Defects
MA11.042	Revision of a Previous Cosmetic Procedure
MA11.043	Reimbursement for a Presbyopia- or Astigmatism-Correcting Intraocular Lens
MA11.044	Artificial Intervertebral Disc Insertion
MA11.045	Uterine Artery Embolization
MA11.046	Hair Transplants and Cranial Prosthesis (Wigs)
MA11.047	Blepharoplasty, Repair of Blepharoptosis, Repair of Brow Ptosis, and Canthoplasty/Canthopexy

Policy #	Title
MA11.048	Lumbar Interspinous Process Decompression System
MA11.049	Bone-Anchored (Osseointegrated) Hearing Aids and Implantable Middle Ear Hearing Aids
MA11.050	Treatment of Medical and Surgical Complications
MA11.051	Treatment of Obesity and Bariatric Surgery for Treatment of Morbid Obesity
MA11.052	Radiofrequency Ablation and Cryosurgical Ablation of Lung Tumors
MA11.053	Sterilization
MA11.054	Cataract Surgery
MA11.055	Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD)
MA11.056	Percutaneous Transluminal Angioplasty (PTA) and Extracranial (EC) and Intracranial (IC) Arterial Bypass Surgery
MA11.057	Robotic-Assisted Surgery
MA11.058	Otoplasty
MA11.059	Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee
MA11.060	Catheter Ablation of Cardiac Arrhythmias
MA11.061	Transcoronary Ablation of Septal Hypertrophy (TASH)
MA11.062	Endovascular Stent-Graft Repair of Thoracic Aortic Aneurysms and Nonaneurysmal Lesions
MA11.063	Photocoagulation of Macular Drusen
MA11.064	Implantable Miniature Telescope (IMT) for the Treatment of End-Stage Age-Related Macular Degeneration (AMD)
MA11.065	Endometrial Ablation
MA11.066	Ovarian and Internal Iliac Vein Embolization as Treatment for Pelvic Congestion Syndrome
MA11.067	Labiaplasty
MA11.068	Sentinel Lymph Node Biopsy
MA11.069	Reduction Mammoplasty
MA11.070	Lipectomy and Liposuction
MA11.071	Selective Photothermolysis Using Pulsed-Dye Lasers (PDL)
MA11.072	Application and Removal of Tattoos
MA11.073	Abdominoplasty and/or Panniculectomy
MA11.074	Excision of Redundant Skin
MA11.075	Rhytidectomy and/or Cervicoplasty With or Without Liposuction and/or Platysmaplasty
MA11.076	Removal of Breast Implants

Surgery (continued)

Policy #	Title
MA11.077	Prophylactic Mastectomy
MA11.078	Scar Revision
MA11.079	Evaluation and Treatment of Erectile Dysfunction (ED)
MA11.080	Mentoplasty or Genioplasty
MA11.081	Meniscal Allograft Transplantation
MA11.082	Autologous Chondrocyte Implantation (ACI)/Carticel® and Other Cell-based Treatments of Focal Articular Cartilage Lesions
MA11.083	Orthognathic Surgery
MA11.084	Osteochondral Autograft Transplantation (OAT) Procedure
MA11.085	Arthroscopic Electrothermal Joint Repair
MA11.086	Osteochondral Allograft Transplantation
MA11.087	Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions
MA11.088	Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure
MA11.089	Hip Resurfacing
MA11.090	Surgical Treatment of Femoroacetabular Impingement
MA11.091	Manipulation Under Anesthesia
MA11.092	Total Ankle Arthroplasty/Replacement
MA11.093	Surgical Treatments of Athletic Pubalgia
MA11.094	Treatment for Hyperhidrosis (Nonpharmacologic)
MA11.095	Lysis of Epidural Adhesions
MA11.096	Percutaneous Discectomy
MA11.097	Percutaneous Image-Guided Lumbar Decompression (PILD) for Spinal Stenosis
MA11.098	Migraine Deactivation Surgery
MA11.099	Septoplasty, Rhinoplasty, and Septorhinoplasty
MA11.100	Balloon Catheter Dilation of Sinus Ostia for Treatment of Chronic Rhinosinusitis
MA11.101	Nucleoplasty
MA11.102	Denervation of the Spinal Nerves for Chronic Facet Pain
MA11.103	Chemical Peels
MA11.104	Lacrimal Punctum Plugs
MA11.105	Aqueous Shunts, Visco canalostomy, and Canaloplasty for the Treatment of Glaucoma

Miscellaneous

Policy #	Title
MA12.001	Alternative Therapies and Complementary Medicine
MA12.002	Nonemergency Ambulance Transport
MA12.007	Air or Sea Ambulance