

New York Provider Communications

Medical Policy Updates

Published: Dec 1, 2018

Archived Medical Policy Effective 09-20-2018

(The following policy has been archived.)

- DRUG.00089 - Daclizumab (Zinbryta®)

Revised Medical Policy Effective 09-20-2018

(The following policy was reviewed and had no significant changes to the policy position or criteria.)

- LAB.00019 - Serum Markers for Liver Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease

Revised Medical Policies Effective 09-20-2018

(The following policies were updated with new procedure and/or diagnosis codes.)

- DRUG.00078 - Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors
- DRUG.00081 - Eteplirsen (Exondys 51™)
- GENE.00010 - Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status
- GENE.00016 - Gene Expression Profiling for Colorectal Cancer
- GENE.00023 - Gene Expression Profiling of Melanomas
- GENE.00041 - Genetic Testing to Confirm the Identity of Laboratory Specimens
- LAB.00029 - Rupture of Membranes (ROM) Testing in Pregnancy
- MED.00111 - Intracardiac Ischemia Monitoring

Revised Medical Policy Effective 10-13-2018

(The following policy was updated with new procedure and/or diagnosis codes.)

- SURG.00098 - Mechanical Embolectomy for Treatment of Acute Stroke

Revised Medical Policies Effective 10-17-2018

(The following policies were reviewed and had no significant changes to the policy position or criteria.)

- ADMIN.00006 Review of Services for Benefit Determinations in the Absence of a Company Applicable Medical Policy or Clinical Utilization Management (UM) Guideline
- DME.00011 Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices
- DME.00038 Static Progressive Stretch (SPS) and Patient-Actuated Serial Stretch

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(PASS) Devices

- GENE.00033 Genetic Testing for Inherited Peripheral Neuropathies
- GENE.00047 Methylenetetrahydrofolate Reductase Mutation Testing
- LAB.00028 Serum Biomarker Tests for Multiple Sclerosis
- MED.00057 MRI Guided High Intensity Focused Ultrasound Ablation for Non-Oncologic Indications
- MED.00082 Quantitative Sensory Testing
- MED.00089 Quantitative Muscle Testing Devices
- MED.00095 Anterior Segment Optical Coherence Tomography
- MED.00096 Low-Frequency Ultrasound Therapy for Wound Management
- MED.00099 Electromagnetic Navigational Bronchoscopy
- MED.00103 Automated Evacuation of Meibomian Gland
- OR-PR.00006 Powered Robotic Lower Body Exoskeleton Devices
- RAD.00004 Peripheral Bone Mineral Density Measurement
- RAD.00037 Whole Body Computed Tomography Scanning
- RAD.00057 Near-Infrared Coronary Imaging and Near-Infrared Intravascular Ultrasound Coronary Imaging
- RAD.00062 Intravascular Optical Coherence Tomography (OCT)
- RAD.00064 Myocardial Sympathetic Innervation Imaging with or without Single-Photon Emission Computed Tomography (SPECT)
- SURG.00008 Mechanized Spinal Distraction Therapy
- SURG.00067 Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty
- SURG.00082 Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures of the Appendicular System
- SURG.00092 Implanted Devices for Spinal Stenosis
- SURG.00095 Viscoanalostomy and Canaloplasty
- SURG.00101 Suprachoroidal Injection of Pharmacologic Agent
- SURG.00104 Extraosseous Subtalar Joint Implantation and Subtalar Arthroereisis
- SURG.00114 Facet Joint Allograft Implants for Facet Disease
- SURG.00119 Endobronchial Valve Devices
- SURG.00127 Sacroiliac Joint Fusion
- SURG.00128 Implantable Left Atrial Hemodynamic Monitor
- SURG.00129 Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring
- SURG.00131 Lower Esophageal Sphincter Augmentation Devices for the Treatment of Gastroesophageal Reflux Disease (GERD)
- SURG.00135 Radiofrequency Ablation of the Renal Sympathetic Nerves
- SURG.00144 Occipital Nerve Block Therapy for the Treatment of Headache and Occipital Neuralgia
- TRANS.00035 Mesenchymal Stem Cell Therapy For Orthopedic Indications
- TRANS.00036 Stem Cell Therapy for Peripheral Vascular Disease

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Revised Medical Policy Effective 10-20-2018

(The following policy was revised to expand medical necessity indications or criteria.)

- SURG.00103 - Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)

Revised Medical Policy Effective 03-01-2019

(The policy below was revised and might result in services that were previously covered but may now be found to be either not medically necessary and/or investigational.)

- LAB.00030 - Measurement of Serum Concentrations of Monoclonal Antibody Drugs and Antibodies to Monoclonal Antibody Drugs

New Medical Policy Effective 03-16-2019

(The policy below was created and might result in services that were previously covered but may now be found to be either not medically necessary and/or investigational.)

- MED.00125 - Biofeedback and Neurofeedback

Revised Medical Policy Effective 03-16-2019

(The policy below was revised and might result in services that were previously covered but may now be found to be either not medically necessary and/or investigational.)

- SURG.00011 - Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting

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