



NEWS FOR ALL PROVIDER TYPES

# HIGHMARK INTRODUCES A NEW AND EASIER WAY TO FIND MEDICAL POLICIES

## SIMPLE-TO-USE SEARCH FUNCTION NOW AVAILABLE!

Searching for Highmark's Commercial and Medicare Advantage medical policies on the Provider Resource Center just got easier. We know you rely on our medical policies every day for the information you need to treat our members effectively and efficiently, and we want to help you locate the policies you need quickly. That's why we're bringing you a new feature that gives you improved navigation and functionality — making the search for you, our real users, fast and effortless.

### WHAT'S NEW

In addition to redesigning the look of the medical policy section on the Provider Resource Center, we've also refined and added a new search function. We've created the new search function with you in mind, to help you find the medical policies you need immediately.

**Note:** Highmark's Medical Policy website works best if viewed with the latest version of Internet Explorer, Firefox, Chrome, or Safari web browsers. For the best performance and security, always keep your web browser up to date.

Here's what the new Medical Policy search function looks like:

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You can search for a particular medical policy by entering a key word, a diagnosis, a CPT or HCPCS code, or the policy number. Once you enter the appropriate search terms, here are the types of results you'll see:

**HIGHMARK.**

PENNSYLVANIA COMMERCIAL MEDICAL POLICY

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### MEDICAL POLICY SEARCH

Search: Blood

Sections

[Ancillary Services](#) [Anesthesia](#) [Consultations](#) [Dental](#) [Diagnostic Medical](#) [Durable Medical Equipment](#) [Injections](#) [Laboratory](#) [Maternity](#) [Miscellaneous](#)  
[Orthotic & Prosthetic Devices](#) [Podiatry](#) [Radiation Therapy & Nuclear Medicine](#) [Radiology](#) [Surgery](#) [Therapy](#) [Visits](#)

Total: 2629 Time taken: 16 milliseconds

### Search results

Section	Policy Topic	Policy Number	Effective Date	
Miscellaneous	Blood and Bone Marrow Storage	Z-46	09/05/2011	History
Diagnostic Medical	Ambulatory Blood Pressure Monitoring (ABPM)	M-70	10/01/2017	History
Surgery	Extracorporeal Photopheresis	S-75	12/04/2017	History
Surgery	Placental/Umbilical Cord Blood as a Source of Stem Cells	S-226	12/04/2017	History
Maternity	Treatment of Twin-Twin Transfusion Syndrome with Amnioreduction and/or Fetoscopic Laser Therapy	U-8	12/04/2017	History
Surgery	Hematopoietic Stem-Cell Transplantation for Waldenstrom Macroglobulinemia	S-224	01/01/2018	History
Surgery	Hematopoietic Stem-Cell Transplantation for Epithelial Ovarian Cancer	S-211	01/01/2018	History
Laboratory	Liquid Biopsy Testing – Solid Tumors	L-123	01/01/2018	History
Laboratory	BCR-ABL Testing for Chronic Myeloid Leukemia	L-170	01/01/2018	History
Surgery	Hematopoietic Stem-Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma	S-206	01/01/2018	History

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### Attachments

Attachment Title	Attachment Type
S-226-005-ref.pdf	PA Commercial References Attachment
M-70-005-ref.pdf	PA Commercial References Attachment
S-226-007-ref.pdf	PA Commercial References Attachment
S-226-006-ref.pdf	PA Commercial References Attachment
E-42-019-tab.pdf	PA Commercial Table Attachment
E-42-020-tab.pdf	PA Commercial Table Attachment
E-42-018-tab.pdf	PA Commercial Table Attachment
E-42-017-tab.pdf	PA Commercial Table Attachment
E-42-021-tab.pdf	PA Commercial Table Attachment
M-70-010-ref.pdf	PA Commercial References Attachment

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**FIND A DOCTOR OR RX**  
**MEDICARE**

(Continued)

Select the medical policy you want to review, click on it, and you'll receive the appropriate medical policy:

**HIGHMARK** COMMERCIAL MEDICAL POLICY - PENNSYLVANIA

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Input your Medical Policy search words...

**Medical Policy:** S-232-008  
**Topic:** Transcatheter Aortic Valve Replacement (TAVR)  
**Section:** Surgery  
**Effective Date:** February 26, 2018  
**Issued Date:** February 26, 2018  
**Last Revision Date:** October 2017

Transcatheter aortic valve implantation (TAVI) is a potential alternative treatment for individuals with severe aortic stenosis. Many individuals with aortic stenosis are very elderly and/or have multiple medical comorbidities, indicating high-risk and often prohibitive for surgery. This procedure is being evaluated as an alternative to open surgery for high-risk individuals with aortic stenosis and as an alternative to non-surgical therapy for individuals with a prohibitive risk for surgery.

*This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances may warrant individual consideration, based on review of applicable medical records.*

**Policy Position** Coverage is subject to the specific terms of the member's benefit plan.

TAVR performed via the transfemoral or transapical approach, for severe aortic stenosis, using a Food and Drug Administration (FDA)-approved Transcatheter Heart Valve System, may be considered medically necessary when ALL of the following criteria are met:

- The individual has aortic stenosis with a calcified aortic annulus, as defined by ONE or MORE of the following criteria:
  - An aortic valve area of less than 0.8 cm<sup>2</sup>; or
  - An aortic valve area index of less than or equal to 0.6 cm<sup>2</sup>/m<sup>2</sup>; or
  - A mean aortic valve gradient greater than 40 mmHg; or
  - A peak aortic-jet velocity greater than 4.0 m/sec; and
- The individual has New York Heart Association (NYHA) Classification II, III or IV symptoms:
  - No symptoms and no limitation in ordinary physical activity, (e.g., shortness of breath when walking, climbing stairs etc.).
  - Mild symptoms (mild shortness of breath and/or angina) and slight limitation during ordinary activity.
  - Marked limitation in activity due to symptoms, even during less-than-ordinary activity, e.g., walking short distances (20-100m). Comfortable only at rest.
  - Severe limitations. Experiences symptoms even while at rest. Mostly bedbound individuals; and
- Left ventricular ejection fraction greater than 20%; and
- The individual is not an operable candidate for open surgery, as determined by at least two (2) cardiovascular specialists (cardiologist and/or cardiac surgeon); or individual is an operable candidate but is at intermediate risk or high risk for open surgery; and
- The procedure is being performed by a professional provider and at a facility that meets the recommendations for performing TAVR, as set forth in the Credentialing Recommendations for Heart Valve Replacement Procedure, established in collaboration with the following cardiovascular specialty societies: the American College of Cardiology Foundation (ACCF), the Society for Cardiovascular Angiography and Interventions (SCAI), the American Association for Thoracic Surgery (AATS), and the Society of Thoracic Surgeons (STS).

TAVR with a transcatheter heart valve system approved for use for repair of a degenerated bioprosthetic valve may be considered medically necessary when ALL of the following conditions are present:

- Failed (stenotic, insufficient, or combined) of a surgical bioprosthetic aortic valve; and
- NYHA heart failure class II, III or IV symptoms; and
- Left ventricular ejection fraction greater than 20%; and
- The individual is not an operable candidate for open surgery, as determined by at least two (2) cardiovascular specialists (cardiologist and/or cardiac surgeon) or individual is an operable candidate but is at immediate risk or high risk for open surgery.

TAVR is considered not medically necessary when performed for indications other than those listed in the above criteria.

**Procedure Codes**

33361 33362 33363 33364 33365 33366 33367 33368 33369 93591

**Place of Service: Inpatient**

**The policy position applies to all commercial lines of business**

**Denial Statements**

Services that do not meet the criteria of this policy will not be considered medically necessary. A network provider cannot bill the member for the denied service unless: (a) the provider has given advance written notice, informing the member that the service may be deemed not medically necessary; (b) the member is provided with an estimate of the cost; and (c) the member agrees in writing to assume financial responsibility in advance of receiving the service. The signed agreement must be maintained in the provider's records.

**Links**

- Link to Provider Resource Center for the Medical Policy Update  
12/2017 Revised Criteria for Transcatheter Aortic Valve Replacement (TAVR)
- Link to Diagnosis Codes
- Link to References

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Highmark's Commercial and Medicare Advantage medical policies are available on the Provider Resource Center under the **Claims, Payment & Reimbursement** option. Once you choose **Claims, Payment & Reimbursement**, then select **Medical Policy**. For quick access to our medical policies, you can select **Medical Policy Search** from the Quicklinks bar on the Provider Resource Center. We hope you take time to explore our new medical policy search function and will find it easy to use.

