



MEDICAL POLICY UPDATE

FOR PROFESSIONAL AND FACILITY PROVIDERS



February 2018

In This Issue

Criteria Revised for Hyaluronan Injections for Osteoarthritis of the Knee	2
Criteria Revised for Dopamine Transporter Imaging With Single-Photon Emission Computed Tomography (DaT-SPECT/DaTscan)	3
Coverage for Occupational Therapy	4
Criteria Revised for Diagnosis and Treatment of Obstructive Sleep Apnea for Adults - RETRACTED	5
Contents	6

Policy

Manipulation Services Publication Delayed



In December 2017, Highmark Blue Cross Blue Shield announced revised and established coverage guidelines for manipulation services effective February 26, 2018.

Highmark Blue Cross Blue Shield is delaying the publication of manipulation services. The revised policy publication effective date is April 30, 2018.

Please refer to medical policy Y-9, Manipulation Services for additional information.

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Coverage Criteria Revised for Hyaluronan Injections for Osteoarthritis of the Knee



Highmark Blue Cross Blue Shield has revised the criteria for intra-articular hyaluronan injections for osteoarthritis of the knee. Durolane (hyaluronic acid), Supartz (sodium hyaluronate), and GelSyn-3 (hyaluronic acid) will be considered preferred injections. Synvisc and Synvisc-One (hylan G-F 20) will be considered non-preferred injections. This Medical Policy will apply to both professional provider and facility claims. The effective date is June 1, 2018.

Please refer to Medical Policy G-25, Intra-Articular Hyaluronan Injections for Osteoarthritis of the Knee for additional information.

Physical Medicine Publication Delayed



In December 2017, Highmark Blue Cross Blue Shield announced revised and established coverage guidelines for physical medicine effective February 26, 2018.

Highmark Blue Cross Blue Shield is delaying the publication of physical medicine. This delay is due to the addition of post isometric relaxation (PIR) and active release technique (ART) as experimental/investigational procedures. The revised policy publication effective date is April 30, 2018.

Please refer to medical policy Y-1, Physical Medicine for additional information.

Coverage Criteria Revised For Dopamine Transporter Imaging With Single-Photon Emission Computed Tomography (DaT-SPECT/DaTscan)



Highmark Blue Cross Blue Shield has revised the coverage criteria for dopamine transporter imaging with single-photon emission computed tomography (DaT-SPECT/DaTscan). These criteria will apply to both professional provider and facility claims. The effective date is February 26, 2018.

Dopamine transporter imaging with single-photon emission computed tomography (DaT-SPECT/DaTscan) may be considered medically necessary for **ANY** of the following indications:

- Individuals for whom the diagnosis of Parkinson's Disease (PD) is unclear after serial clinical evaluations, such as those with long-standing essential tremor whose tremor evolves to have characteristics of PD but fails to respond unequivocally to levodopa; **or**
- Individuals suspected of having drug-induced parkinsonism; **or**
- Individuals who are possible candidates for deep brain stimulation but for whom the diagnosis of essential tremor versus PD versus some other cause (e.g., dystonia) is unclear and where an accurate diagnosis determines the target of deep brain stimulation (e.g., thalamic ventral intermediate nucleus versus subthalamic nucleus/globus pallidus interna).

Dopamine transporter imaging with single-photon emission computed tomography (DaT-SPECT/DaTscan) for all other indications is considered experimental/investigational, and therefore, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Please refer to Medical Policy R-6, Single Photon Emission Computed Tomography (SPECT), for additional information.

Coverage Guidelines for Occupational Therapy



Highmark Blue Cross Blue Shield has revised and established coverage guidelines for occupational therapy. These coverage guidelines will apply to both professional provider and facility claims. The effective date is April 30, 2018.

Occupational therapy (OT) may be considered medically necessary when **ALL** of the following indications have been met:

- The therapy is aimed at improving, adapting or restoring the functional needs of an individual who has been impaired as a result of a physical disability due to illness, injury, congenital anomaly, or prior therapeutic intervention; **and**
- Achieve a specific diagnosis-related goal for an individual who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time based on the qualified OT assessment of the individual's restoration potential and unique medical condition; **and**
- Be specific, effective and reasonable treatment for the individual's diagnosis and physical condition; **and**
- The services are delivered by a qualified provider of OT services.

Hot/Cold Packs are considered integral and are not eligible as a distinct and separate service.

Taping Techniques (examples include, but are not limited to, Kinesio® Taping (kinesiology), McConnell taping techniques) are considered experimental/investigational and, therefore, non-covered.

Please refer to medical policy Y-2, Occupational Therapy for additional information.

Criteria Revised for Diagnosis and Treatment of Obstructive Sleep Apnea for Adults - RETRACTED



The following notice, which was published in the December 2017 issue of Medical Policy Update, is being retracted:

Highmark Blue Cross Blue Shield has revised the coverage criteria for the Diagnosis and Treatment of Obstructive Sleep Apnea for Adults. The revised Medical Policy will apply to both professional provider and facility claims. The effective date is February 26, 2018.

Portable devices using less than 4 recording channels (e.g., Watch-Pat) are considered experimental/investigational and, therefore, non-covered due to lack of published peer reviewed literature.

Please refer to Highmark Medical Policy Z-8, Diagnosis and Treatment of Obstructive Sleep Apnea for Adults, for additional information. In addition, please review future issues of Medical Policy Update for more information.

Medicare Advantage Policy

Comments on these new medical policies?

We want to know what you think about our new medical policy changes. Send us an email with any questions or comments that you may have on the new medical policies in this edition of *Medical Policy Update*.

Write to us at medicalpolicy@highmark.com.

Contents

- Manipulation Services Publication Delayed 1**
- Coverage Criteria Revised for Hyaluronan Injections for Osteoarthritis of the Knee .. Error! Bookmark not defined.**
- Physical Medicine Publication Delayed Error! Bookmark not defined.**
- Coverage Criteria Revised For Dopamine Transporter Imaging With Single-Photon Emission Computed Tomography (DaT-SPECT/DaTscan) 3**
- Coverage Guidelines for Occupational Therapy 4**
- Criteria Revised for Diagnosis and Treatment of Obstructive Sleep Apnea for Adults - RETRACTED..... 5**
- Comments on these new medical policies? 6**
- Contents..... 6**



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About this newsletter

Medical Policy Update is the monthly newsletter for most health care professionals (and office staff) and facilities who participate in our networks and submit claims to Highmark using the 837P HIPAA transaction or the CMS 1500 form, or the 837I HIPAA transaction.

Medical Policy Update focuses only on medical policy and claims administration updates, including coding guidelines and procedure code revisions, and is the sole source for this information. For all other news, information and updates, be sure to read *Provider News*, available on the Provider Resource Center at www.highmarkbcbs.com.

Inquiries about Eligibility, Benefits, Claims Status or Authorizations

For inquiries about eligibility, benefits, claim status or authorizations, Highmark Blue Cross Blue Shield encourages providers to use the electronic resources available to them - Navinet® and the applicable HIPAA transactions – prior to placing a telephone call to the Provider Service Center at 1-800-242-0514.

Acknowledgement

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