



# MEDICAL POLICY UPDATE

FOR PROFESSIONAL AND FACILITY PROVIDERS



July 2021

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## Policy

### REMINDER: Radiation Oncology Coverage Guidelines



Highmark Blue Shield is providing a reminder to all providers.

The Radiation Oncology coverage guidelines will be updated and take effect October 01, 2021. This applies to both professional provider and facility claims.

At that time, coverage guidelines can be accessed utilizing the live link from the Medical Policy website.

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## Criteria Revised for Surgical Treatment of Varicose Veins



Highmark Blue Shield has revised the criteria for Medical Policy S-55, for Surgical Treatment of Varicose Veins.

Cyanoacrylate Adhesive (Great Saphenous, Small Saphenous and Accessory Saphenous Veins)

- One (1) treatment session each of the great saphenous veins; one (1) session for the left great saphenous vein or one (1) session for the right great saphenous vein, totaling two (2) sessions in a 12 month period; **and**
- One (1) treatment session each of the small saphenous veins; one (1) session for the left small saphenous vein or one (1) session for the right small saphenous vein, totaling two (2) sessions in a 12 month period.

Treatment of the great saphenous and the small saphenous veins with cyanoacrylate adhesive for any other indication is considered cosmetic and therefore non-covered.

Endovenous Radiofrequency and Endovenous Laser Ablation/Treatment (EVLA/EVLT)

- One (1) treatment session each of the great saphenous veins; one (1) session for the left great saphenous vein or one (1) session for the right great saphenous vein, totaling two (2) sessions in a 12 month period; **and**
- One (1) treatment session each of the small saphenous veins; one (1) session for the left small saphenous vein or one (1) session for the right small saphenous vein, totaling two (2) sessions in a 12 month period.

Endovenous ablation procedures for the treatment of the great saphenous and the small saphenous veins for any other indication is considered cosmetic and therefore non-covered.

QLLs are considered cosmetic when the frequency guideline listed above are exceeded.

Quantity level limits for great saphenous, small saphenous and accessory saphenous veins, that exceeds the frequency guidelines listed on the policy are considered not medically necessary.

This revised Medical Policy will apply to professional and facility claims. The effective date is November 29, 2021.

**Place of Service: Inpatient/Outpatient**

Please refer to Medical Policy S-55, Surgical Treatment of Varicose Veins, for additional information.



## 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](mailto:medicalpolicy@highmark.com).

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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.highmarkblueshield.com](http://www.highmarkblueshield.com).

### Inquiries about Eligibility, Benefits, Claims Status or Authorizations

For inquiries about eligibility, benefits, claim status or authorizations, Highmark 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 1-866-803-3708.

### Acknowledgement

The five-digit numeric codes that appear in *Medical Policy Update* were obtained from the *Current Procedural Terminology (CPT)*, as contained in CPT-2021, Copyright 2020, by the American Medical Association. *Medical Policy Update* includes *CPT* descriptive terms and numeric procedure codes and modifiers that are copyrighted by the American Medical Association. These procedure codes and modifiers are used for reporting medical services and procedures.