

MedStar Select Provider Policy Updates (effective 5/1/2020 and 6/1/2020)

Policy updates with potential negative impact to providers (effective 6/1/2020):

- An update to Policy MP.044 Computed Tomography Angiography of the Chest will be implemented effective June 1, 2020 for MedStar Select. With this update procedure code 75574 will now be included in the policy and will only be covered when billed as outlined in the policy.
- An update to Policy MP.074 Blepharoplasty will be implemented effective June 1, 2020 for MedStar Select. With this update ICD10 codes H02.401, H02.402 and H02.403 will be removed from the policy and ICD10 codes H57.811, H57.812 and H57.813 will be added to the policy.
- New Policy PA.212 Avise Connective Tissue Disorder Test will be implemented effective June 1, 2020 for MedStar Select. With this update codes 83520, 86146, 86147 and 86148 will be considered experimental and investigational.
- New Policy PA.215 Gastric Electrical Stimulation will be implemented effective June 1, 2020 for MedStar Select. With this update procedure codes 64595, 64590, L8689, 43881, 43882, 43647, 43648, 95980, E0765 will be allowed when billed as outlined in the policy when prior authorization is obtained.
- New Policy PA.216 Car-T Therapy will be implemented effective June 1, 2020 for MedStar Select. With this update procedure codes 0537T, 0538T, 0539T, 0540T, Q2041 and Q2042 will be covered when billed as outlined in the policy when prior authorization is obtained.
- New Policy PA.217 Corneal Cross-Linking will be implemented effective June 1, 2020 for MedStar Select. With this update procedure codes 0402T and J2787 will be covered when billed as outlined in the Policy when prior authorization is obtained.

Policy updates with no negative impact to providers (effective 5/1/2020):

- An update to Policy MP.006 Continuous Home Pulse Oximetry will be implemented on May 1, 2020 for MedStar Select. With this update the denial message for ICD10 code G47.36 will be updated from 'not covered' to 'experimental and investigational'.
- An update to Policy MP.098 Trigger Point & Transforaminal Epidural Injections will be implemented effective May 1, 2020 for MedStar Select. With this update the list of payable diagnosis codes is being updated to remove diagnosis code M79.1 (which is a non-billable diagnosis code) and M79.11, M79.12 and M79.18 are being added.



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- An update to Policy MP.072 Eye-Anterior Segment Optical Coherence Tomography (AS-OCT) will be implemented on May 1, 2020 for MedStar Select. With this update additional ICD-10 codes H35.30, H35.361, H35.362, H35.363 and H35.369 will be added to the policy.
- An update to Policy MP.143 Ocular Photoscreening will be implemented on May 1, 2020 for MedStar Select. With this update the age requirements for procedure codes 99174 and 99177 are being removed and services will be allowed with no age restrictions.
- An update to Policy PA.018 Gene Expression Testing will be implemented effective May 1, 2020 for MedStar Select. With this update procedure code 81519 will no longer be considered experimental and investigational and will be covered when billed as outlined in the policy when prior authorization is obtained.
- New policy PA.042 Functional Electrical Stimulators will be implemented on May 1, 2020 for MedStar Select. With this update procedure codes E0745, E0764, E0770 and 64575 will no longer deny experimental & investigational. These codes will be payable when billed as outlined in the policy when prior authorization is obtained.
- An update to Policy PA.054 Nutritional Support will be implemented on May 1, 2020 for MedStar Select. With this update procedure code B4105, which is currently not covered, will be allowed when billed as outlined in the policy when prior authorization is obtained.

Added

- New Policy PA.211 Transanal Endoscopic Microsurgery will be implemented on May 1, 2020 for MedStar Select. With this update procedure code 0184T, which currently denies experimental and investigational, will be allowed when billed as outlined in the policy when prior authorization is obtained.

For additional information on all of these updates, please refer to the policies located on **MedStarProviderNetwork.org** under the sections entitled "Medical Polices Requiring Prior Authorization" and "Medical Payment Policies."