

PROVIDER UPDATE

An Update for Medicare AssuredSM Providers and Clinicians

Notice of New Medicare Assured Policies taking effect September 15 for Kentucky, North Carolina, Ohio and Pennsylvania

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Carpal Tunnel Syndrome

| CLINICAL MEDICAL POLICY | |
|----------------------------|---|
| Policy Name: | Carpal Tunnel Syndrome |
| Policy Number: | MP-031-MC-ALL |
| Responsible Department(s): | Medical Management |
| Provider Notice Date: | 08/15/2017 |
| Original Effective Date: | 09/15/2017 |
| Annual Approval Date: | 07/15/2018 |
| Revision Date: | N/A |
| Products: | Kentucky Medicare Assured |
| Application: | All participating hospitals and providers |
| Page Number(s): | 1 |

POLICY SUMMARY

Gateway HealthSM provides coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary carpal tunnel surgical procedures to treat carpal tunnel syndrome.

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

*The full version of this medical policy is available on the Gateway provider website at:

<http://gatewayhealthplan.com/MedicalPolicies>

DISCLAIMER

Gateway HealthSM (Gateway) medical policy is intended to serve only as a general reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Noninvasive Assessment of Liver Fibrosis in Chronic Hepatitis C

| CLINICAL MEDICAL POLICY | |
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| Policy Number: | MP-030-MC-ALL |
| Responsible Department(s): | Medical Management |
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POLICY SUMMARY

Gateway HealthSM provides coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary diagnostic measures for liver disease. Diagnostic measures include liver biopsy, noninvasive markers (e.g., FibroScan), and serological markers.

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Subcutaneous Implantable Cardioverter Defibrillator (S-ICD)

| CLINICAL MEDICAL POLICY | |
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| Policy Name: | Subcutaneous Implantable Cardioverter-Defibrillator (S-ICD) |
| Policy Number: | MP-032-MC-ALL |
| Responsible Department(s): | Medical Management |
| Provider Notice Date: | 08/15/2017 |
| Original Effective Date: | 09/15/2017 |
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