

Contracting & Payer Relations

Tufts Health Plan Update – Coverage Updates for Commercial Products Effective April 1, 2009

Tufts Health Plan implements changes to its coverage for commercial products throughout the year. The following changes are effective as of April 1, 2009:

Statements of Non-Coverage: The following procedure codes will not be covered and will be added to Tufts Health Plan's Statements of Non-Coverage Medical Necessity Guidelines:

- Point of Care Testing for Glycated Hemoglobin (HbA1C). Using A1CNow+® (Metrika, Inc.) for Management of Diabetes (No CPT or HCPCS code available)
- Microchip Circulating Tumor Cells (S3711)
- ImPACT™ concussion Management Test (96116, 96118, 96119, 96120)

Recent Coverage Changes

High-Tech Imaging Prior Authorization Program: Effective January 1, 2009, the following procedure codes are **covered with prior authorization** and have been removed from the Statements of Non-Coverage Medical Necessity

- 0145T – Computed tomography, heart, with contrast material(s), including noncontrast images, if performed, cardiac gating and 3D image postprocessing; cardiac structure and morphology
- 0150T – Computed tomography...; cardiac structure and morphology incongenital heart disease
- 0151T – Computed tomography ...; function evaluation (left and right ventricular function, ejection-fraction and segmental wall motion)

Note: These codes require prior authorization through National Imaging Associates, Inc. (NIA) or CIGNA HealthCare, depending on the member's plan.

Vacuum-Assisted Closure System: Effective January 1, 2009, Tufts Health Plan no longer requires prior authorization for vacuum-assisted closure system (A6550,E2402).

Home Uterine Monitor: Effective January 1, 2009, Tufts Health Plan does not cover home uterine monitor with or without associated nursing services (S9001).

For more information, review Tufts Health Plan's Medical Necessity Guidelines in the Clinical Resources section of their Web site.