

Covered procedure and diagnosis codes

When a member is given a pathology/prescription by their physician and may be uncertain that the procedure is a covered benefit, it is encouraged that the member contact the Trust. Providing the procedure code and the diagnosis codes are required to enable the Trust to determine whether or not the procedure is a covered benefit.

Highmark will provide us with the medical policy which we will in turn provide to the member. The member will then have to take the medical policy to their doctor for review to ensure they meet the criteria in the policy.