

Healthcare Services Medical & Pharmacy Policy Alerts

Number 261

August 1, 2021

This is the **August 1, 2021** issue of the Providence Health Plans, Providence Health Assurance and Providence Plan Partners, Medical and Pharmacy Policy Alert to our providers. The focus of this update is to communicate to providers' new or revised Medical or Pharmacy policy changes. The Health Plan has a standard process to review all Medical & Pharmacy Policies annually. Policies will be available for review on ProvLink and via the PHP website at: <https://healthplans.providence.org/providers/provider-support/medical-policy-pharmacy-policy-and-provider-information/>

The Provider Alert, Prior Authorization Requirements, and Medical policies are all available on ProvLink and through the link above.

Special Medical Policy Alert

Effective 8/1/2021, PHP will cover additional services under the medical policy "Gender Affirming Surgical Interventions" for all lines of business. When policy criteria are met, many services previously considered "cosmetic" and not covered will be considered medically necessary and covered for members with a diagnosis of gender dysphoria. Examples may include but are not limited to: facial feminization, tracheal shave, electrolysis and rhinoplasty."

Here's what's new from the following policy committees:

MEDICAL POLICY COMMITTEE

MEDICAL

Effective 10/1/2021

<p>Apheresis (Therapeutic Pheresis) (All Lines of Business Except Medicare)</p> <p>MP305</p>	<p>New Policy</p> <ul style="list-style-type: none"> • Creating a new policy addressing apheresis (therapeutic pheresis) for the treatment of various indications, including Pediatric autoimmune neuropsychiatric disorders associated with Streptococcal infections (PANDAS). • Criteria are based on clinical practice guideline recommendations. <p>Codes/PA: Prior authorization for two codes (CPT 36514 and 36516) will be required for all locations, except inpatient hospitals.</p>
<p>Apheresis (Therapeutic Pheresis) (Medicare Only)</p> <p>MP310</p>	<p>New Policy</p> <ul style="list-style-type: none"> • Creating a new policy based on the following Medicare guidance documents: • National Coverage Determination (NCD) for Apheresis (Therapeutic Pheresis) (110.14) • Local Coverage Article: Therapeutic Apheresis for Familial Hypercholesterolemia (A54543) <p>Codes/PA: Prior authorization for two codes (CPT 36514 and 36516) will be required for all locations, except inpatient hospitals.</p>
<p>Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (All Lines of Business Except Medicare)</p> <p>MP101</p>	<p>Annual Update</p> <p>Policy Changes:</p> <ul style="list-style-type: none"> • Restructuring policy to mimic Centers for Medicare & Medicaid Services Local Coverage Determination (LCD): Blepharoplasty, Eyelid Surgery, and Brow Lift (L36286). • Adding new documentation requirements. <p>Codes/PA: No recommended changes to coding/PA</p>
<p>Low-Level and High-Power Laser Therapy</p>	<p>Annual Update</p> <p>Policy Changes:</p>

MP201	<ul style="list-style-type: none"> Low -level laser therapy may now be considered medically necessary and covered for preventing oral mucositis in members undergoing cancer treatment with increased risk of oral mucositis (Criterion I). <p>Codes/PA: Code 0552T will pay only when billed with the following diagnosis codes:</p> <ul style="list-style-type: none"> C00.0 – C17.9 C22.0 – C96.9 K12.30 – K12.39
Planned Out-of-Hospital Birth MP280	<p>New Policy</p> <ul style="list-style-type: none"> Creating a new policy for planned home births, based on Oregon Health Authority's Health Evidence Review Commission guidance. <p>Codes/PA: Adding 6 codes to the policy which will not require prior authorization.</p>
Surgical Treatments for Lymphedema MP222	<p>Annual Update</p> <p>Policy Changes: Adding criterion II for LYMPHA surgery to prevent lymphedema to deny as investigational.</p> <p>Codes/PA: No changes to codes or PA</p>

MEDICAL

Effective 9/1/2021

Genetic Testing: MTHFR (All Lines of Business Except Medicare) MP311	<p>New Policy</p> <p>Policy Changes:</p> <ul style="list-style-type: none"> Create new policy to address genetic testing for methylenetetrahydrofolate reductase (MTHFR). MTHFR testing will continue to deny investigational and not covered. <p>Codes/PA:</p> <ul style="list-style-type: none"> Add one code specific to MTHFR testing, 81291, to policy, which will continue to deny investigational.
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<p>Genetic Testing: MTHFR (Medicare Only)</p> <p>MP312</p>	<p>New Policy</p> <p>Policy Changes:</p> <ul style="list-style-type: none"> • Create new policy to address MTHFR testing for Medicare lines of business. • Follow relevant CMS guidance documents: <ul style="list-style-type: none"> ○ Local Coverage Determination (LCD): MoIDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR) (L36159) ○ Local Coverage Article: Billing and Coding: MoIDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR) (A57424) ○ Local Coverage Determination (LCD): MoIDX: Biomarkers in Cardiovascular Risk Assessment (L36362) <p>Codes/PA: Add 81291 to policy, where it will continue to deny as not medically necessary.</p>
<p>Genetic Testing: Cytochrome P450 and VKORC1 Polymorphisms (All Lines of Business Except Medicare)</p> <p>MP313</p>	<p>New Policy</p> <p>Policy Changes:</p> <ul style="list-style-type: none"> • Create new policy to address genetic testing for Cytochrome P450 and VKORC1 Polymorphisms • Cytochrome P450 testing will continue to pay when criteria are met. • Add Vitamin K epoxide reductase subunit C1 (<i>VKORC1</i>) genotyping as investigational. (code specific to VKORC1 is already denying investigational) <p>Codes/PA:</p> <ul style="list-style-type: none"> • Relevant codes will continue to PA. • Add PA for several new codes (0070U-0076U) per coding plan survey.
<p>Genetic Testing: Cytochrome P450 and VKORC1 Polymorphisms (Medicare Only)</p> <p>MP314</p>	<p>New Policy</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • Create new policy to address Cytochrome P450 and VKORC1 testing for Medicare lines of business. • Follow relevant CMS guidance documents: <ul style="list-style-type: none"> ○ National Coverage Determination (NCD) for Pharmacogenomic Testing for Warfarin Response (90.1) ○ Local Coverage Determination (LCD): MoIDX: Pharmacogenomics Testing (L38337) ○ Local Coverage Article: Billing and Coding: MoIDX: Pharmacogenomics Testing (A57385) <p>Codes/PA:</p> <ul style="list-style-type: none"> • Relevant codes from will be moved from “Pharmacogenetic Testing” (Medicare Only) to this policy, where most codes will continue to PA. • PA will be added for several new codes (0070U-0076U) per coding plan survey.

MEDICAL

Effective 8/1/2021

<p>Gender Affirming Surgical Interventions</p> <p>MP32</p>	<p>Interim Update</p> <p>Policy Changes:</p> <ul style="list-style-type: none"> Criteria updated to cover most cosmetic surgeries when billed with a gender identity dysphoria diagnosis code (F64.0, F64.1, F64.8 or F64.9) Language around breast reduction criteria edited to be more inclusive of non-binary members. <p>Codes/PA:</p> <ul style="list-style-type: none"> Codes from various policies (i.e. Cosmetic Procedures, Autologous Fat Transfer, Breast Implant Removal, Rhinoplasty, Breast Reconstruction) have been added to the policy – these codes will pay when billed with a gender dysphoria diagnosis code (F64.0, F64.1, F64.8 or F64.9).
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ARCHIVE

Effective 9/1/2021

<p>Genetic Testing: Pharmacogenetic Testing (All Lines of Business Except Medicare)</p> <p>MP216</p>	<p>Archive</p> <p>Policy Changes: This policy will be archived. Its content will be divided across content across separate, gene-specific policies (e.g. MTHFR and Cytochrome P450 policies above).</p> <p>Codes/PA: No coding changes. All codes are currently addressed on other, active medical policies.</p>
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VENDOR UPDATES

Updates to AIM Advanced Imaging Clinical Appropriateness Guideline

Effective for dates of service on and after September 12, 2021, the following updates will apply to the AIM Advanced Imaging Clinical Appropriateness Guidelines. Part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services

Advanced Imaging of the Spine – updates by section

Congenital vertebral defects

- New requirement for additional evaluation with radiographs

Scoliosis

- Defined criteria for which presurgical planning is indicated
- Requirement for radiographs and new or progressive symptoms for postsurgical imaging

Spinal dysraphism and tethered cord

- Diagnostic imaging strategy limiting the use of CT to cases where MRI cannot be performed
- New requirement for US prior to advanced imaging for tethered cord in infants age 5 months or less

Multiple sclerosis

- New criteria for imaging in initial diagnosis of MS

Spinal infection

- New criteria for diagnosis and management aligned with IDSA and University of Michigan guidelines

Axial spondyloarthropathy

- Defined inflammatory back pain
- Diagnostic testing strategy outlining radiography requirements

Cervical injury

- Aligned with ACR position on pediatric cervical trauma

Thoracic or lumbar injury

- Diagnostic testing strategy emphasizing radiography and limiting the use of MRI for known fracture
- Remove indication for follow-up imaging of progressively worsening pain in the absence of fracture or neurologic deficits

Syringomyelia

- Removed indication for surveillance imaging

Non-specific low back pain

- Aligned pediatric guidelines with ACR pediatric low back pain guidelines

Advanced Imaging of the Extremities– updates by section

Osteomyelitis or septic arthritis; myositis

- Removed CT as a followup to nondiagnostic MRI due to lower diagnostic accuracy of CT

Epicondylitis and Tenosynovitis – long head of biceps

- Removed due to lack of evidence supporting imaging for this diagnosis

Plantar fasciitis and fibromatosis

- Removed CT as a followup to nondiagnostic MRI due to lower diagnostic accuracy of CT
- Added specific conservative management requirements

Brachial plexus mass

- Added specific requirement for suspicious findings on clinical exam or prior imaging

Morton's neuroma

- Added requirements for focused steroid injection, orthoses, plan for surgery

Adhesive capsulitis

- Added requirement for planned intervention (manipulation under anesthesia or lysis of adhesions)

Rotator cuff tear; Labral tear – shoulder; Labral tear - hip

- Defined specific exam findings and duration of conservative management

- Recurrent labral tear now requires same criteria as an initial tear (shoulder only)

Triangular fibrocartilage complex tear

- Added requirement for radiographs and conservative management for chronic tear

Ligament tear – knee; meniscal tear

- Added requirement for radiographs for specific scenarios
- Increased duration of conservative management for chronic meniscal tears

Ligament and tendon injuries – foot and ankle

- Defined required duration of conservative management

Chronic anterior knee pain including chondromalacia patella and patellofemoral pain syndrome

- Lengthened duration of conservative management and specified requirement for chronic anterior knee pain

Intra-articular loose body

- Requirement for mechanical symptoms

Osteochondral lesion (including osteochondritis dissecans, transient dislocation of patella)

- New requirement for radiographs

Entrapment neuropathy

- Exclude carpal and cubital tunnel

Persistent lower extremity pain

- Defined duration of conservative management (6 weeks)
- Exclude hip joint (addressed in other indications)

Upper extremity pain

- Exclude shoulder joint (addressed in other indications)
- Diagnostic testing strategy limiting use of CT to when MRI cannot be performed or is nondiagnostic

Knee arthroplasty, presurgical planning

- Limited to MAKO and robotic assist arthroplasty cases

Perioperative imaging, not otherwise specified

- Require radiographs or ultrasound prior to advanced imaging

Vascular Imaging – updates by section

- Alternative non-vascular modality imaging approaches, where applicable

Hemorrhage, Intracranial

- Clinical scenario specification of subarachnoid hemorrhage indication.
- Addition of Pediatric intracerebral hemorrhage indication.

Horner's syndrome; Pulsatile Tinnitus; Trigeminal neuralgia

- Removal of management scenario to limit continued vascular evaluation

Stroke/TIA; Stenosis or Occlusion (Intracranial/Extracranial)

- Acute and subacute time frame specifications; removal of carotid/cardiac workup requirement for intracranial vascular evaluation; addition of management specifications
- Sections separated anatomically into anterior/posterior circulation (Carotid artery and Vertebral or Basilar arteries, respectively)

Pulmonary Embolism

- Addition of non-diagnostic chest radiograph requirement for all indications
- Addition of pregnancy-adjusted YEARS algorithm

Peripheral Arterial Disease

- Addition of new post-revascularization scenario to both upper and lower extremity PAD evaluation

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines [here](#).

Pharmacy and Therapeutics Committee (P&T)

None