

# Healthcare Services Medical & Pharmacy Policy Alerts

Number 265

December 1, 2021

This is the **December 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.

## MEDICAL POLICY COMMITTEE

### MEDICAL

Effective 1/1/2022

<p><b>Intraoperative Monitoring (Medicare Only)</b></p> <p><b>MP296</b></p>	<p><b>Policy Updates</b></p> <ul style="list-style-type: none"> <li>• New policy created addressing intraoperative neurophysiological monitoring (IOM), per the following Medicare guidance documents:             <ul style="list-style-type: none"> <li>○ National Coverage Determination (NCD) for Electroencephalographic Monitoring During Surgical Procedures Involving the Cerebral Vasculature (<a href="#">160.8</a>)</li> </ul> </li> <li>• All other intraoperative monitoring services will be reviewed in accordance with the criteria of “Intraoperative Monitoring (All Lines of Business Except Medicare) – MP #295</li> </ul> <p><b>Codes/PA:</b></p> <ul style="list-style-type: none"> <li>• As stated on the October 1<sup>st</sup> 2021, Provider Alert, this policy will be administered with UM techniques, including prior authorization of. This policy will follow commercial policy criteria and coding configuration, per Medicare guidelines regarding coverage determinations when no appropriate Medicare guidance exists.</li> <li>• Configuration will include the following:             <ul style="list-style-type: none"> <li>○ IOM codes (95940 and G0453) will be configured to pay when billed with certain diagnosis codes, which will be listed in the policy’s “Billing Guideline Appendix.”</li> <li>○ IOM codes (95940 and G0453) will be configured to deny when billed with certain CPT codes (e.g. spinal cord stimulator placement, radiofrequency ablation) or when billed with certain dx codes for indications below L1/L2 or cervical surgery.</li> <li>○ IOM codes (95940 and G0453) will require prior authorization when billed with any other diagnosis code</li> </ul> </li> </ul>
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### MEDICAL

Effective 2/1/2022

<p><b>Back: Ablative Procedures to Treat Back and Neck Pain (All Lines of Business Except Medicare)</b></p> <p><b>MP21</b></p>	<p><b>Policy Updates:</b></p> <ul style="list-style-type: none"> <li>• Added criterion V, which states that conscious sedation or monitored anesthesia care (MAC) is considered not medically necessary for intra-articular facet joint injections or medial branch blocks. This statement was previously in the Billing Guidelines section.</li> <li>• Changed criterion I from “cervical (C1-T1)” to “cervical (C3-4 and below)”</li> <li>• Added Billing Guideline stating that intraoperative monitoring will deny as not medically necessary when billed with RFA. Refer to Intraoperative Monitoring (All Lines of Business Except Medicare) policy and add policy to list of cross references.</li> </ul> <p><b>Codes/PA:</b></p>
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	<ul style="list-style-type: none"> <li>Configured 10 codes for conscious sedation or MAC to deny as not medically necessary when billed with CPT codes for intra-articular facet joint injections or medial branch blocks and add an explanation of this configuration to the Billing Guidelines section.</li> <li>Added codes 64490-64495 to coding table. These codes are for intra-articular facet joint injections or medial branch blocks and should have been on the policy already. No changes to code configuration.</li> <li>Per 1/1/22 code-set update, added 6 codes (01937-01942) to policy under “no prior authorization required” header. Add 2 codes to “not covered” section of policy (64628-29) –thermal destruction of intraosseous basivertebral nerve.</li> </ul>
<p><b>Hysterectomy for Benign Conditions (All Lines of Business Except Medicare)</b></p> <p><b>MP286</b></p>	<p><b>Policy Updates</b></p> <ul style="list-style-type: none"> <li>New policy created addressing hysterectomies for benign conditions, including: <ul style="list-style-type: none"> <li>Abnormal uterine bleeding</li> <li>Adenomyosis</li> <li>Chronic Pelvic Pain</li> <li>CIN 2, CIN 2,3, and CIN 3</li> <li>Endometrial hyperplasia</li> <li>Endometriosis</li> <li>Pelvic Inflammatory Disease</li> <li>Uterine Prolapse</li> </ul> </li> </ul> <p><b>Codes/PA:</b> 24 CPT codes related to hysterectomies will be configured to require prior authorization when billed with diagnosis codes for conditions listed above. These codes will not require prior authorization when billed with other diagnosis codes.</p>
<p><b>Prostate: Benign Prostatic Hyperplasia Treatments (All Lines of Business Except Medicare)</b></p> <p><i>Formerly: Prostate: Water Vapor Thermotherapy for Benign Prostatic Hyperplasia</i></p> <p><b>MP246</b></p>	<p><b>Policy Updates:</b></p> <ul style="list-style-type: none"> <li>Combined “Prostate: Water Vapor Thermoplasty for Benign Prostatic Hyperplasia (All Lines of Business Except Medicare)” and “Prostate: Prostatic Urethral Lift” policies to create one policy for BPH treatments.</li> <li>Added waterjet ablation to the criteria deny as investigational (currently on the Investigational and Non-covered Medical Technologies (All lines of business except Medicare) policy.</li> </ul> <p><b>Codes/PA:</b></p> <ul style="list-style-type: none"> <li>Added codes for Urolift and Aquablation to the policy table. No changes in code configuration.</li> </ul>

<p><b>Prostate: Prostatic Urethral Lift</b></p> <p><b>MP161</b></p>	<p><b>Policy Updates</b></p> <ul style="list-style-type: none"> <li>Archived this policy and moved all criteria to the new policy, Prostate: Benign Prostatic Hyperplasia Treatments (All Lines of Business Except Medicare).</li> </ul> <p><b>Codes/PA</b></p> <ul style="list-style-type: none"> <li>Remove prior authorization from all codes on policy for Medicare. All lines of business except Medicare will continue to require prior auth, based on the new policy.</li> </ul>
<p><b>Transcranial Magnetic Stimulation (All Lines of Business Except Medicare)</b></p> <p><b>MP269</b></p>	<p><b>Policy Updates</b></p> <ul style="list-style-type: none"> <li>Criterion I.B. – Specified that depression symptoms must pertain to the “current episode,” defined as beginning within the past 3 years.</li> <li>Criterion I.C. – Clarified that therapist documentation is required to show that patient has not responded to psychotherapy during the current depressive episode (i.e. within the past 3 years).</li> <li>Criterion III.C. – Clarified that initial TMS treatment criteria must be met prior to subsequent treatment, but that another round of 3 medication trials is not necessary.</li> <li>Added Policy Guideline clarifying that the addition of an augmenting agent to a medication trial would be considered an additional trial.</li> </ul> <p><b>Codes/PA</b></p> <ul style="list-style-type: none"> <li>No changes to codes/PA</li> </ul>
<p><b>Wheelchairs and Power Vehicles (All Lines of Business Except Medicare)</b></p> <p><b>MP140</b></p>	<p><b>Policy Updates</b></p> <ul style="list-style-type: none"> <li>In continuing to follow Medicare guidance, removed codes K0806-K0808 from criterion LXIII. – these codes are not covered per <a href="#">Noridian Article: Upgrades to Group 2 POVs (K0806-K0808) and Group 4 PWCs (K0868-K0886)</a>.</li> </ul> <p><b>Codes/PA:</b></p> <ul style="list-style-type: none"> <li>Removed prior authorization from codes K0806-K0808, and K0868-K0886. These codes will deny as “not medically necessary” per above Noridian article.</li> </ul>

## VENDOR UPDATES

### ***Updates to AIM Advanced Imaging Clinical Appropriateness Guideline***

Effective for dates of service on and after March 13, 2022, 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

#### Updates by Guideline

##### Imaging of the Brain

- Acoustic neuroma – removed indication for CT brain and replaced with CT temporal bone
- Meningioma – new guideline establishing follow-up intervals
- Pituitary adenoma – removed allowance for CT following nondiagnostic MRI in macroadenoma
- Tumor, not otherwise specified – added indication for management; excluded surveillance for lipoma and epidermoid without suspicious features

##### Imaging of the Head and Neck

- Parathyroid adenoma – specified scenarios where surgery is recommended based on American Association of Endocrine Surgeons guidelines
- Temporomandibular joint dysfunction – specified duration of required conservative management

##### Imaging of the Heart

- Coronary CT Angiography Removed indication for patients undergoing evaluation for transcatheter aortic valve implantation/replacement who are at moderate coronary artery disease risk

##### Imaging of the Chest

- Pneumonia – removed indication for diagnosis of COVID-19 due to availability and accuracy of lab testing
- Pulmonary nodule – aligned with Lung-RADS for follow-up of nodules detected on lung cancer screening CT

##### Imaging of the Abdomen and Pelvis

- Uterine leiomyomata – new requirement for US prior to MRI; expanded indication beyond uterine artery embolization to include most other fertility-sparing procedures
- Intussusception – removed as a standalone indication
- Jaundice – added requirement for US prior to advanced imaging in pediatric patients
- Sacroiliitis – defined patient population in whom advanced imaging is indicated (predisposing condition or equivocal radiographs)
- Azotemia – removed as a standalone indication
- Hematuria – modified criteria for advanced imaging of asymptomatic microhematuria based on AUA guideline

#### Oncologic Imaging

- National Comprehensive Cancer Network (NCCN) recommendation alignments for Breast Cancer, Hodgkin & Non Hodgkin Lymphoma, Neuroendocrine Tumor, Melanoma, Soft Tissue Sarcoma, Testicular Cancer, and Thyroid Cancers.
- Cancer Screening: new age parameters for Pancreatic Cancer screening; new content for Hepatocellular Carcinoma screening
- Breast Cancer: clinical scenario clarifications for Diagnostic Breast MRI and PET/CT

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

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

#### Pharmacy & Therapeutics (P&T) Committee

None.