

Healthcare Services Medical & Pharmacy Policy Alerts

Number 244

February 1, 2020

This is the **February 1, 2020** 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.

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

MEDICAL POLICY COMMITTEE

Effective February 1, 2020

<p>Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Medicare Only) SUR435</p>	<p>Interim Update Medicare no longer requires visual fields testing for upper bleph, bleph repair, and brow ptosis repair. The updated LCD states that published literature indicates an MRD of 2.0 mm or less correlates to a visual field restriction of 30 degrees or less. LOB: Medicare Only Codes/PA: No changes</p>
<p>Back: Fusion and Decompression Procedures SUR120</p>	<p>Interim Update Per National Coverage Determination (NCD) for Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis (150.13), minimally invasive lumbar decompression (MILD procedure) may be covered for Medicare patients when performed in an approved clinical trial. Note added to criteria, billing guidelines and coding table. LOB: Medicare only Codes/PA: The following changes have been made:</p> <ul style="list-style-type: none"> • PA removed from 0275T to allow for new coding configuration: <ul style="list-style-type: none"> ○ Per relevant NCD Billing Guidelines, MILD may be covered for Medicare LOB only when billed with ICD-9 V70.7 (or ICD-10 Z00.6), Condition Code 30, Modifier Q0 and an 8-digit clinical trial identifier number. • G0276 added to policy. PA removed to allow for same coding configuration as above.
<p>Dental Anesthesia Services MED203</p>	<p>Annual Update No major changes to criteria covering dental anesthesia services in ambulatory surgical center or hospital facility. Changes to wording and flow. Note to top of criteria added per consideration to clarify CMS coverage stance: "Please see medical policy "MED428: Dental Services: Administrative Guidelines (Medicare Only)" for guidance regarding Medicare coverage of other dental services." LOB: All lines of business</p>
<p>Vagus Nerve Stimulation (All Lines of Business Except Medicare) SUR363 <i>Previously: Vagus Nerve Stimulation</i></p>	<p>Annual Update</p> <ul style="list-style-type: none"> • Remove Medicare criteria from the policy. A Medicare-only version of the policy has been created. • Simplify/restructure criteria, moving medically necessary indications all to the top two criteria and combining all investigational indications to a single statement. No changes to the intent have been made, thus none of these impacts are more restrictive. <p>LOB: All LOB except Medicare Codes/PA:</p> <ul style="list-style-type: none"> • Add 0466T, 0467T, 0468T to the policy which are initial insertion, revision/replacement, and removal of a chest wall respiratory sensor electrode or electrode array. These codes already PA effective 12/1/2019 for hypoglossal nerve stimulation, but are also applicable to VNS. Of note, 0466T is to accompany 64568, which already PA's in this policy.

	<ul style="list-style-type: none"> Remove PA of 64553 for percutaneous VNS, and deny per new Criterion III. Removing PA from 95974 and 95975 for analysis of implanted neurostimulator. Per consideration from PA team and we already don't PA the other analysis codes.
Vagus Nerve Stimulation (Medicare Only) SUR446	NEW Medicare Policy Created new Medicare specific version of the vagus nerve stimulation policy. LOB: Medicare only Codes/PA: Adopt same codes as Commercial version (i.e., sur363) for PA. Other services will point to the Commercial version for lack of CMS guidance. CMS: Continue to reference the National Coverage Determination (NCD): 160.18 for Vagus Nerve Stimulation (VNS) covers implantable VNS for those with medically refractory partial onset seizures for whom surgery is not recommended or for whom surgery has failed.

VENDOR UPDATES

None

PHARMACY & THERAPEUTICS COMMITTEE

None