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Summary of Proposed Changes from October 10th, 2024 VbBS and HERC Meeting

October 10th, 2024 VbBS Meeting Materials
October 10th, 2024 HERC Meeting Materials

Disclaimer: These meeting minutes are provided as a summary of discussions and decisions made during the VbBS and HERC meetings. They are intended to offer a more accessible and digestible interpretation of the material for our providers. However, this summary is not a comprehensive or final source of guidance. Providers should consult the official Oregon Health Authority (OHA) Prioritized List, Oregon Administrative Rules (OARs), and the official meeting materials and minutes published by OHA for accurate and authoritative information. These minutes reflect our interpretation of the discussions and should not be solely relied upon for decision-making purposes. We do not assume any liability for errors in interpretation or any actions taken based on this summary.

Consent Agenda Issues, Straightforward Guideline Note Changes, New Codes – Effective 10/01/2024

Guideline Note Description/Topic Description	Guideline Note Number	Proposed Changes
Consent Agenda		
		Several procedural code and diagnosis code recommendations and changes were made and added to lines of the prioritized List.
Straight Forward Guideline Note Changes		
Continuous Glucose Monitoring	Guideline Note 108	Reorganized this guideline note to make it more usable and clearer for CCOs.
Preventative Services	Guideline Note 106	Updated the last date link was retrieved and updated the US Preventative Services Task Force (USPSTF) link and other links.

Menstrual Bleeding Disorders	Guideline Note 44	The HERC has updated this guideline note to reflect that the anemia requirement does not apply to endometrial ablation procedures.
Screening for Ophthalmologic Complications of High-Risk Medications	Guideline Note 188	The HERC has decided to delete this guideline note. None of the diagnoses referenced were on approved lines and the procedures referenced are diagnostic.
New Procedure codes		
90624		This is a new vaccine code – it will be put on the exempt codes file and added to line 3 for visibility
90684		This is a new vaccine code – it will be put on the exempt codes file and added to line 3 for visibility
0476U		This is a PLA drug code. The HERC will not be covering this code and has added it to the excluded file.
0477U		This is a PLA drug code. The HERC will not be covering this code and has added it to the excluded file.

Guideline Note Additions and Revisions Effective 01/01/2025

Guideline Note Description/Topic	**Guideline Note/Line**	**Proposed Changes**
Solid Organ Transplants	Guideline Note 42	Discussion: In August 2024 Corneal Transplants were removed from guideline note 42. It was discussed that due to the removal there wouldn't be any reference to corneal transplants, so the committee decided to go back and review. Decision: It was decided to add corneal transplants back to Guideline Note 42 with further clarity on coverage criteria.
Ablation Procedures for Atrial Fibrillation	Guideline Note 146	Discussion: Atrial Flutter is an abnormal heart rhythm, closely related to atrial fibrillation, that causes rapid heart rates and other cardiac issues. This can be problematic for individuals with already compromised cardiac function or cardiac output. Standard treatment for Atrial Flutter includes medications to slow the heart rate and anticoagulants to reduce stroke risk. The committee

		reviewed existing guidelines and evidence, noting that ablation has become more common as a treatment for atrial flutter, particularly when medications are ineffective. Decision: The staff has proposed to clarify the guidelines to include Atrial Flutter specifically within existing guidelines for ablation procedures. This includes adding ICD-10 codes specific to Atrial Flutter to ensure that coverage for ablation aligns with most up-to date clinical evidence.
Cardiac Transplant Genetic Testing for Transplant Rejection	Guideline Note 151	Discussion: Allomap and Allosure are genetic tests used to monitor cardiac transplant rejection. AlloMap is a gene expression profiling test, while AlloSure measures donor-derived cell-free DNA to detect signs of organ rejection. The committee revisited the current guidelines that restrict AlloMap to being used one-year post-transplant. AlloSure is not currently covered due to limited evidence. The committee deliberated on whether to extend AlloMap coverage to six months post-transplant and whether to include AlloSure at all. Decision: The committee voted for Option 1, maintaining AlloMap coverage starting at 6 months but not extending coverage to AlloSure due to insufficient evidence.
Secondary and Ill-Defined Neoplasms	Line 586	Discussion: The committee reviewed secondary and ill-defined cancer diagnosis found on uncovered line 586. The recommendation was to move specific diagnosis (e.g., neoplasm of the spleen) to covered lines, while leaving generic diagnosis (e.g., malignant neoplasms of the upper limb) on the uncovered line. Decision: The committee approved the recommendation to move more specific diagnoses to covered lines and leave generic, ill-defined codes on the uncovered line. The HERC has asked that the remaining uncovered diagnosis codes on line 586 undergo additional review.

Temporary Percutaneous Mechanical Circulatory Support with Impella Devices	Guideline Note 195	Discussion: Impella is a mechanical circulatory support device used for patients experiencing cardiogenic shock, a life-threatening condition where the heart is unable to pump enough blood to meet the body's needs. Cardiologists on the committee noted that the mortality benefits likely reflect the ability of Impella to stabilize patients long enough to undergo surgeries, such as coronary artery bypass surgery. The committee discussed removing the current restrictions on Impella, which limits its use to being a bridge to heart transplant or left ventricular assist devices, and expanding coverage for general use in patients with cardiac shock. Decision: The committee voted to expand coverage for Impella for all patients in cardiogenic shock, not just as a bridge to other therapies.
Bone Marrow Transplant	New	Discussion: The Discussion began with an overview of current bone marrow transplant guidelines and the need for updates. Bone marrow transplants are performed on patients with blood cancers such as leukemia and lymphoma, where patient's own barrow is damaged or replaced with healthy donor cells. It was requested that the HERC weigh in on creating a new comprehensive guideline that aligns with current medical evidence, given that existing rules are outdated. The current guidelines restrict second transplants and excludes HIV-positive patients, which is no longer in line with medical standards. There are also outdated restrictions based on substance abuse and psychological conditions, which do not consider whether these issues are actively managed. The old guidelines had a five-year expected survival criterion, which contradicts the ACA. The proposed updates include to add a new guideline that will allow for second bone marrow transplants when medically necessary, HIV-positives patients with well-controlled conditions would be eligible for transplants, Psychiatric or substance use disorders would not automatically disqualify the patient, and a new guideline note combing several conditions to be created.

		Decision: The committee decided to table the discussion, allowing staff to investigate antigen matching and donor leukocyte infusions before making a final recommendation in November.
Trigger Point Injections	New	Discussion: Trigger Point Injections are used to relieve myofascial pain by injecting anesthetics, saline, or corticosteroids into specific hyper-irritable muscle areas, commonly in the neck and back. Evidence and expert guidelines were reviewed extensively by the committee. Decision: The committee discussed maintaining current guideline, which does not cover trigger point injections for fibromyalgia. However, the committee agreed that for fibromyalgia there may be a case for limited coverage when other treatments fail. Ultimately, it was decided to table this and bring it back for a future meeting, giving staff time to refine guideline and include clearer definition for myofascial pain syndrome and trigger point diagnosis.
Deep Brain Stimulation	New	Discussion: Deep brain stimulation is a surgical treatment used for patients with dystonia, a condition that causes involuntary muscle contractions leading to twisting movements or abnormal postures. DBS has also been used to treat conditions such as Parkinson's and essential tremor, and there is growing evidence supporting its use in patients with Dystonia. The committee discussed the growing body of evidence supporting DBS for dystonia but acknowledged that the treatment should be limited to patients with severe, treatment-resistant forms of the condition. Decision: The committee voted to merge and expand the coverage for DBS to include dystonia, with clear criteria that it should only be used for patients who have not responded to other treatments. Deleting guideline notes 177 and 221 and adding relevant codes to line 359.

Calcium Pyrophosphate Deposition Disease (CPPD)	Line 461, 651, 490	Discussion: CPPD is a condition where calcium crystals form in the joints, causing inflammation like gout. It can lead to osteoarthritis and other chronic joint issues. It is currently treated similarly to gout with NSAIDS and oral steroids to manage flare-ups. The committee discussed and compared CPPD to hydroxyapatite deposition disease and recommended moving the CPPD diagnoses to the same covered lines as osteoarthritis, given the similarities in treatment approaches. They also proposed renaming the line to reflect both conditions and removing other calcium deposition diseases that do not require treatment. Decision: The committee approved the recommendation to update the guidelines for CPPD, ensuring that it is treated similarly to osteoarthritis.
Anterior Segment Aqueous Draining Device Insertion	Guideline Note 184	Discussion: Aqueous drainage devices are used to treat glaucoma. These devices help drain excess fluid from the eye, reducing pressure. The committee reviewed the current guideline, which only applies to iStent and limits use to patient undergoing cataract surgery – last updated in 2018. Several new devices have come to market since. The committee proposed expanding the guideline to cover all types of aqueous drainage devices. Decision: The committee approved the recommendation to update the guideline, expanding coverage to all aqueous drainage devices for glaucoma patients. Removing Guideline Note 184 will allow for payment of this.

Biennial Review

Guideline Note Description/Topic	Guideline Note/Line	Proposed Changes
Proton Pump Inhibitors and GERD Guidelines	Guideline Note 144	Discussion: The committee discussed changes that would be effective 01/01/2025 for guidelines related to the use of PPIs for GERD. PPIs, which are available over

		the counter, are used to treat GERD and related conditions, but there are concerns about long-term use and adverse effects – leading to periodic reviews. Currently, the OHA has a guideline limiting long-term use of PPIs to specific conditions, such as Barrett's esophagus. Newer evidence suggests that long-term harms of PPIs are minimal compared to the benefits of for managing GERD. The committee recommended deleting the existing PPI guideline, as it complicates PA processes and merging the lower esophagitis line into a broader GERD guideline. Decision: The committee approved to delete the PPI guideline (Guideline Note 144) and streamline coverage, making it easier for patients to access PPIs for GERD and other related conditions. Line 506 will have a strikethrough 01/01/2025 and will be completely removed 01/01/2026.
Chronic Anal Fissures	Guideline Notes: 52, 219	Discussion: The committee discussed changes that would be effective 01/01/2025 for anal fissures – small tears in the lining of the anus, often caused by hard stools or trauma. Currently anal fissures are below the funding line. Anal fissures are often treated with topical medications, Botox injections, or calcium channel blockers. In severe cases they may be treated with surgical intervention. The committee recommended adding acute anal fissures to a covered line, as treatments like topical medications are already covered without a PA. Surgical and denervation procedure (Botox) should remain restricted to chronic anal fissures. Decision: The VbBS committee approved the staff's recommendation to cover both acute and chronic anal fissures, with restrictions on surgical interventions for chronic cases. However, there were follow-up concerns in the HERC meeting about the language of "conservative treatment" - members wanted this to be better defined. Topic to be tabled and taken back.

Cerumen Impaction (Earwax Removal)	Line 426	Discussion: The committee discussed changes that would be effective 01/01/2025 for cerumen impaction – earwax buildup. The current guideline only covers earwax removal when it causes hearing loss, the procedure is commonly performed in clinical settings for various symptoms, including ear fullness and pain. The committee recommended expanding the coverage to include earwax removal for symptomatic patients, not just those with hearing loss. Decision: The committee approved expanding coverage for earwax removal, ensuring it is covered for all symptomatic cases, not just those involving hearing loss. Line 426 was updated to allow more dx/procedure codes related to cerumen impaction. Effective 01/01/2025 - Line 492 will have a strikethrough. Effective 01/01/2026 – Line 492 will be deleted.
Central Retinal Artery Occlusion	Line 314	Discussion: CRAO is an emergency condition akin to a stroke that affects the eye, causing sudden vision loss or blindness. It was surprising to the committee that CRAO had not been addressed in previous reviews. The fact that it has been listed as unfunded led to confusion. The committee recommended moving CRAO to the acute stroke line (314) which would allow for proper coding and treatment under emergency stroke protocols. Ophthalmologic CPT codes were also recommended for inclusion. Decision: The committee voted to approve this recommendation, ensuring that CRAO is treated as an emergency condition in alignment with other types of strokes. Motion to strike line 640 was approved – effective 01/01/2025. Removal of line 640 to occur on 01/01/2026.
Thrombophilias (Blood Clotting Disorders)	Line 109	Discussion: Thrombophilia refers to disorders that increase blood clots. Many of the conditions require lifelong anticoagulation. The committee recommended

		adding thrombophilia-related diagnosis to a more relevant line that includes coagulation defects (line 109). Decision: The committee decided to move these disorders to line 109 and striking out the older unfunded line for thrombophilia by 01/01/2026 (line 576).

New Discussion Items

Discussion Topic	Discussion Points
Ehlers-Danlos Syndrome (EDS)	**Current Situation:** • EDS, particularly hypermobile EDS, is currently on a non-covered line, which means treatments and tests associated with EDS can often be denied under the Oregon Health Plan (OHP) due to the lack of funding coverage. However, related conditions such as joint dislocations, chronic pain, or cardiovascular issues resulting from EDS are typically covered if diagnosed independently of EDS. • Office visits for EDS patients are covered under general medical coverage, but specialized services like physical therapy (PT), occupational therapy (OT), and durable medical equipment are often subject to denials or additional hurdles due to the condition being listed on a non-funded line. **Staff Recommendation:** • The staff proposed moving EDS to a covered line, which would include medical visits, diagnostic tests (e.g., echocardiograms), and durable medical equipment (e.g., wheelchairs). However, services such as PT, OT, chiropractic, and osteopathic care specific to EDS would not be covered due to insufficient evidence supporting their efficacy for EDS treatment. • The rationale behind this recommendation was to reduce administrative barriers to necessary medical care for EDS patients, such as medications and diagnostic tests, without expanding coverage to therapies not supported by strong clinical evidence. **Committee Discussion:** • There was extensive discussion about whether moving EDS above the funding line would lead to significant functional changes in care. Several committee members

	expressed concerns that moving EDS to a covered line would primarily serve a symbolic function, increasing awareness but not necessarily solving the underlying issues of access to specialized care. • Some members highlighted those conditions resulting from EDS, such as joint dislocations, are already covered under separate lines, so moving EDS above the line might not significantly expand access to care for those conditions. • Other members emphasized that moving EDS above the funding line could reduce delays in care by removing automatic denials that occur when prior authorization is triggered for certain treatments or equipment. • Concerns were also raised about the potential for misuse of comorbidity rules, where an EDS diagnosis could be paired with other conditions to secure coverage for services not intended to be funded. **Potential Impact on Patient Care** Reducing Barriers: • Several committee members pointed out that by moving EDS above the line, insurance reviews and prior authorizations could be more focused on medical necessity rather than automatic denials based on the funding status of EDS. This shift could improve access to medications and durable medical equipment, which are crucial for managing EDS symptoms. • The symbolic nature of the change was acknowledged, but members argued that increasing awareness of EDS within the medical community could help reduce delays in diagnosing and treating secondary complications like cardiovascular issues or joint problems. Provider Awareness: • The discussion also touched on the issue of provider awareness, with many patients reporting delays in treatment due to a lack of knowledge among providers about EDS. While the committee recognized this as a significant barrier, they noted that improving provider education is outside the scope of HERC's mandate, which focuses on determining medical necessity and funding coverage.

	• The committee discussed how public comments reflected a lack of access to specialists and knowledgeable providers, but they acknowledged that moving EDS to a covered line might not fully address these issues. **Public Comments and Real-World Barriers** Patient Experiences: • Several public comments highlighted the difficulty in getting tests like echocardiograms approved for EDS patients. Even though these tests are often recommended for monitoring cardiovascular complications associated with EDS, patients frequently encounter delays or denials due to prior authorization requirements. • One committee member pointed out that the more difficult it is to obtain authorization for tests or treatments, the more likely it is that patients will not receive the care they need in a timely manner. This issue was compounded by provider hesitancy to pursue appeals or push for further approvals when denials are issued.: • One committee member argued that moving EDS above the line would provide a stronger foundation for ensuring timely care, particularly for diagnostic tests and durable medical equipment. The argument was that, even if moving EDS above the line doesn't solve all access issues, it could reduce some of the administrative burden and improve outcomes for patients who are struggling to get the care they need. **Final Decision:** The VbBS committee voted to move EDS to a covered line for medical visits, diagnostic tests, and durable medical equipment, but not for physical therapy, occupational therapy, or chiropractic care, which remain excluded due to the lack of strong evidence. This decision reflects a compromise between improving access to essential medical services and maintaining evidence-based coverage criteria for other types of care. The HERC committee voted to leave it uncovered, table it and to revisit at a later time.