

Healthcare Services Medical & Pharmacy Policy Alerts

Number 257

April 1, 2021

This is the **April 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.

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

MEDICAL POLICY COMMITTEE

Lab Management Medical Policies

Effective 6/1/2021*, Providence Health Plan will institute the Centers for Medicare & Medicaid (CMS) National Coverage Determination (NCD) Coding Policy Manual of selected lab services [for commercial and individual plans](#).

Q: What is the CMS NCD coding policy manual?

A: The final rule, published in the Federal Register on November 23, 2001 (66 FR 58788), established the national coverage and administrative policies for clinical diagnostic laboratory services. It promoted Medicare program integrity and national uniformity, and simplified administrative requirements for clinical diagnostic services. A total of 23 lab NCDs for diagnostic lab testing services were established as part of this 2001 final rule.

For each of the 23 NCDs, the CMS NCD coding policy manual outlines ICD-10-CM codes that are medically necessary or do not support medical necessity. The coding policy manual also includes limitations to these lab testing services, such as frequency limits.

Q: What is a NCD for diagnostic laboratory testing?

A: A national coverage policy for diagnostic laboratory test(s) is a document stating CMS's policy with respect to the clinical circumstances in which the test(s) will be considered reasonable and necessary, and not screening, for Medicare purposes. Such a policy applies nationwide.

Q: How is Providence Health Plan implementing the NCDs for diagnostic laboratory testing and the CMS NCD coding policy manual?

A: Through medical policy, we will create new policies based on the NCDs for diagnostic laboratory testing and the CMS NCD coding policy manual. The CPT/HCPCS codes for the various lab testing services are configured to pay or deny (not medically necessary) based on the diagnosis codes outlined in the coding policy manual.

Q: What laboratory services will be affected by this change?

A: For commercial and individual lines of business, we will implement medical policies and coding configuration based on the CMS NCD coding policy manual for the following NCDs:

- Blood Counts (NCD 190.15)
- Glycated Hemoglobin/Glycated Protein (NCD 190.21)
- Thyroid Testing (NCD 190.22)
- Lipids Testing (NCD 190.23)

In the future, we plan to implement all 23 diagnostic laboratory testing NCDs for all lines of business. Provider notice will be provided 60 days in advance of each implementation.

Q: When will the new policies and coding configuration take effect?

A: 6/1/2021* for commercial and individual plans. On this date, the medical policies will be accessible here:

<https://healthplans.providence.org/providers/provider-support/medical-policy-pharmacy-policy-and-provider-information/>

Q: Where can I access the NCDs for diagnostic laboratory testing and the CMS NCD coding policy manual?

A: The NCDs are linked below. Within every NCD there is a section titled “**Covered Code Lists**”. Under this section, you may download the most recent version of the CMS NCD coding policy manual.

- [Blood Counts \(NCD 190.15\)](#)
- [Glycated Hemoglobin/Glycated Protein \(NCD 190.21\)](#)
- [Thyroid Testing \(NCD 190.22\)](#)
- [Lipids Testing \(NCD 190.23\)](#)

*Effective date subject to change to a later date. Will update proposed effective date here, if required.

Effective June 1, 2021

<p>Genetic Testing: Non-Covered Genetic Panel Tests (All Lines of Business Except Medicare)</p> <p>MP213</p>	<p>Interim Update Add the ProvSeq 523 Solid Tumor Panel (by Providence St Joseph Health Molecular Genomics Laboratory) to the list of investigational and not covered panels. Codes/PA: No changes to codes or PA.</p>
<p>Genetic Testing: Non-Covered Genetic Panel Tests (Medicare Only)</p> <p>MP214</p>	<p>Interim Update Add the ProvSeq 523 Solid Tumor Panel (by Providence St Joseph Health Molecular Genomics Laboratory) to the list of investigational and not covered panels. Codes/PA: No changes to codes or PA.</p>

Effective April 1, 2021

<p>Prostate: Water Vapor Thermotherapy for Benign Prostatic Hyperplasia</p> <p>(All Lines of Business Except Medicare)</p> <p>MP246</p>	<p>Interim Update</p> <ul style="list-style-type: none"> • Liberalize policy to cover water vapor thermotherapy (i.e Rezūm System) for the treatment of benign prostatic hyperplasia when criteria are met (i.e. FDA indications of use; moderate-to-severe lower urinary tract symptoms; unsuccessful or intolerable pharmacologic response). Rationale includes: <p>Codes/PA: CPT 53854 will now require PA; claims volume for commercial members expected to be low. LOB: All Except Medicare</p>
<p>Breast Reconstruction</p> <p>MP58</p>	<p>Annual Update</p> <ul style="list-style-type: none"> • Criterion I.C: Add 'unilateral hypertrophy/macromastia' as an example of a congenital or developmental abnormality • Add cross references to the Breast Surgery: Reduction Mammoplasty policies. • Policy is in line with Medicare guidances: <ul style="list-style-type: none"> ○ National Coverage Determination (NCD) for Breast Reconstruction Following Mastectomy (140.2) ○ Local Coverage Determination (LCD): Plastic Surgery (L37020) ○ Local Coverage Article: Billing and Coding: Plastic Surgery (A57222)

<p>Wilderness Therapy</p> <p>MP289</p>	<p>New Policy</p> <ul style="list-style-type: none"> Creating new policy addressing wilderness therapy as investigational for the treatment of behavioral health and substance-use disorders. <p>Codes/PA: Two codes were added to the policy (T2036/7) which are specific to therapeutic camping. Both codes will deny not medically necessary.</p> <p>LOB: All lines of business</p> <p>Notice of this new policy was also given on the February 2021 Provider Alert.</p>
<p>Advanced Diabetes Management Technology (All Lines of Business Except Medicare)</p> <p>MP27</p>	<p>Interim Update</p> <p>Remove requirement for documented completion of diabetes education program.</p> <p>Codes/PA: No changes to codes/PA</p>
<p>Athletic Pubalgia/Sports Hernia Surgery</p> <p><i>Previously Athletic Pubalgia Surgery</i></p> <p>MP163</p>	<p>Annual Update</p> <p>Change denial from investigational to not medically necessary.</p> <p>Codes/PA: No changes to codes or PA. Only unlisted codes</p> <p>LOB: All</p>
<p>Ovarian Cancer: Multimarker Serum Testing (All Lines of Business Except Medicare)</p> <p>MP43</p> <p><i>Previously: Ovarian Cancer: Multimarker Serum Testing</i></p>	<p>Annual</p> <ul style="list-style-type: none"> Add the OVA1plus® test to list of non-covered assays. This is a reflex test for OVA1 and Overa. Remove Medicare business from policy scope.

<p>Genetic Testing: Reproductive Planning and Prenatal Testing (All Lines of Business Except Medicare)</p> <p>MP78</p>	<p>Harmony Prenatal Test (Ariosa Diagnostics) (CPT 81507) - <i>Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy</i></p> <ul style="list-style-type: none"> Code currently only requires PA for members under 35 years of age. As of 4/1/2021, PA will be required for all members, regardless of age. Notice of this change was also given on the February 2021 Provider Alert
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Archive April 1, 2021

<p>MRI-guided High Frequency Ultrasound for Palliative Treatment of Bone Metastases</p> <p>MED281</p>	<p>Archive</p> <p>As of 4/1/2021, codes will be addressed on other medical policies. One code (C9734) requires PA per "Liver Tumor Treatment" policies (Commercial and CMS Only); all others are unlisted codes.</p> <p>Codes/PA: No coding changes. This therapy should be billed with an unlisted code.</p>
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VENDOR UPDATES

eviCore

MSK Therapy (POSTCAM) Guideline Updates - Effective May 15, 2021

The annual review of eviCore’s clinical guidelines for our MSK Therapy programs have been completed, these updates will become effective on 5-15-2021. We have created a unique link to support access to the change packages for each of the therapy solutions. You will find the link embedded in this email (see below). The links to each program include 5 files with varying components of information to support the review of the updates. Additionally, a link to the final documents are also available at the final document link provided below and have been posted to eviCore.com as of January 21, 2021- reminder that users will need to look under the future tab for the updated final guideline documents.

- [Physical & Occupational Therapy Services Supporting Documents for V1.0 – Effective 05/10/2021](#)

- [Final Documents Available on eviCore.com Under the Future Tab](#)

AIM Specialty Health

Effective May 1, 2021

The updated United States Preventive Services Taskforce (USPSTF) recommendations for [Lung Cancer: Screening](#) were recently released. We will be updating our AIM Oncologic Imaging guideline **effective May 1, 2021**.

Please note the following:

- These changes are **expansions of service** and do not include any restrictive changes. If you wish to notify your providers of this expansion, a sample notification is attached.
- Medical policies and local or national coverage determinations that AIM currently uses for these services will stay in place.
- The full-text of the updated guidelines will be available on [our website](#) by April 1st for providers to review.

Effective September 12, 2021

AIM Specialty Health® (AIM) is pleased to provide for your review updates to the **AIM Clinical Appropriateness Guidelines**. As always, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services. The updates, part of the AIM guideline annual review process, enhance the text related to the following guidelines:

- Imaging of the Spine
- Imaging of the Extremities
- Vascular Imaging

Please note that there are no code changes included in these guideline updates for your program(s). You may note that certain guidelines include additional content or codes that are covered by non-redlined content. Since AIM's guidelines are used by multiple health plans, the list of codes may be broader than the codes that are reviewed by AIM on your behalf. Inclusion of additional codes for your health plan would only be by mutual agreement of AIM and the health plan. Your client management team can help to facilitate a discussion about the CPT Codes that are included within your program if you have any questions.

These enhancements are **scheduled to be effective on September 12, 2021**. Please **submit your feedback to** AIM.guidelines@aimspecialtyhealth.com

Pharmacy & Therapeutics (P&T) Committee
None