

Healthcare Services Medical & Pharmacy Policy Alerts

Number 267

February 1, 2022

This is the **February 1, 2022** 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>Intraoperative Monitoring (All Lines of Business Except Medicare)</p>	<p>Policy Updates:</p> <ul style="list-style-type: none"> No changes to criteria. <p>Codes/PA:</p> <ul style="list-style-type: none"> Clarifications to coding configuration made in “Billing Guidelines” and “Billing Guideline Appendix’
---	--

MEDICAL

Effective 4/1/2022

<p>Exhaled Breath Tests (All Lines of Business Except Medicare)</p> <p>MP35</p>	<p>Policy Updates:</p> <ul style="list-style-type: none"> For all criteria, denial changed from “investigational” (member responsibility) to “not medically necessary” (provider responsibility). <p>Codes/PA:</p> <ul style="list-style-type: none"> Codes that currently deny investigational will be configured to deny “not medically necessary.”
<p>Exhaled Breath Tests (Medicare Only)</p> <p>MP29</p>	<p>Policy Updates:</p> <p>Recommendation:</p> <ul style="list-style-type: none"> No change to criteria, continue to use Medicare guidance when available and continue to use Commercial guidance in the absence of a Medicare policy. <p>Codes/PA:</p> <ul style="list-style-type: none"> Change investigational denial for CPT codes 83987 and 0106U to “not medically necessary” denial. MD/Other Feedback: N/A
<p>Surgical Site of Service</p>	<p>Policy Updates:</p> <ul style="list-style-type: none"> Criteria added for total hip arthroplasty (THA) for inpatient settings. Criteria are based largely on current total knee arthroplasty criteria. Two-part prior authorization process will be established: THA’s will be reviewed first for medical necessity per the “Hip: Total Joint Arthroplasty” policies, then if approved, for inpatient site of service, per this policy. References to Medicare guidance documents added addressing site of service criteria.

	<p>Codes/PA:</p> <ul style="list-style-type: none">• No coding changes; PA still required.
--	---

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. Additionally, you may access and download a copy of the current and upcoming guidelines [here](#).

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

Pharmacy & Therapeutics (P&T) Committee

No Updates.