

Healthcare Services Medical & Pharmacy Policy Alerts

Number 236

June 1, 2019

This is the **June 1, 2019** 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-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

New Policies or Major Changes

Effective September 1, 2019

<p>Cosmetic and Reconstructive Procedures (All Lines of Business Except Medicare) SUR193</p> <p><i>Previously: Cosmetic and Reconstructive Surgery</i></p>	<p>Annual Update</p> <p>The changes to the policy are as follows:</p> <ul style="list-style-type: none"> – Slight title change to reflect the fact that we are addressing non-surgical procedures as well. – Modifications to the Reconstructive criterion (I.) language: <ul style="list-style-type: none"> • Added “developmental abnormalities, trauma, infection, tumors or disease” to the coverage criteria. • Criterion (I.A.): revised the criterion to remove the language regarding an “ongoing treatment plan”. • Criterion (I.B.): Added language to indicate that reconstructive surgery may be considered medically necessary for congenital defects <u>due to genetic/hereditary conditions</u> if there is a functional impairment. • Added two additional instances in which reconstructive surgery would be considered medically necessary: <ul style="list-style-type: none"> ○ (I.C.) When necessary because of an accidental injury, or to correct a scar or defect that resulted from treatment of an accidental injury; or ○ (I.D.) When necessary to correct a scar or defect on the head or neck that resulted from a covered surgery. – Added the following examples of reconstructive indications: <ul style="list-style-type: none"> • Chemical peels (medium or deep peels only) to treat actinic keratoses or other precancerous skin lesions. • Collagen injections or implants when intended to address a significant variation from normal related to accidental injury, disease, trauma, treatment of a disease or a congenital defects. • Dermal injections for HIV-associated facial lipodystrophy/lipoatrophy. <p>Added the following examples of cosmetic indications:</p> <ul style="list-style-type: none"> • Brachioplasty (arm lift) to remove excess skin. • Chemical peels for treatment of photoaged skin, wrinkles, acne scarring or uneven epidermal pigmentation (e.g., melasma, lentigines). • Ear repair/reconstruction (including otoplasty) for ears that are constricted, cupped, large, prominent or protruding, or following any elective cosmetic procedure (e.g., ear piercing, plugging or gauging) • Frown line removal, including but not limited to the excision or correction of glabellar frown lines or forehead lift (cosmetic foreheadplasty). • Hair removal (e.g., laser, electrolysis) • Laser skin resurfacing, for all indications including but not limited to acne scarring and wrinkles
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- Neck tuck/lift (Platysmaplasty or Submental Lipectomy)
- Penile procedures, including but not limited to phalloplasty and fat injections, when intended to improve the appearance (e.g., length, circumference) or enhance sexual performance.
- Rosacea treatment (nonpharmacologic and non-surgical), including but not limited to laser, dermabrasion and chemical peels
- Vaginal procedures including rejuvenation/vaginal tightening, designer vaginoplasty, revirgination, G-spot amplification for all indications.
- Vaginal procedures including labia surgery/reshaping/reduction (labiaplasty) when intended to improve the appearance or enhance sexual performance.

Modified the following indications:

- Otoplasty
- Alopecia
- Body piercing
- Botox and like compounds injections for wrinkles
- Mentoplasty for chin
- Dermabrasion
- Skin tag removal
- Pectus excavatum reconstructive criteria

Removed the following criteria:

- Hand deformities such as syndactyly
- Surgeries to correct refractive errors.
- Rhinoplasty without functional impairment has been removed as a cosmetic example. This will now be addressed in the Rhinoplasty medical policy.

LOB: All lines of business except Medicare.

Codes:

Added 92 codes to the policy, including:

- 37 that require PA
- 24 that do not require a PA
- 27 that are not covered (deny as cosmetic)
- 4 unlisted codes

Codes with edit changes:

- 2 of these codes, Q codes for Radiesse (Q2026) and Sculptra (Q2028), are changing from no PA required to denying cosmetic. These two codes will only be allowed to pay when requested with ICD10 codes B20 AND E88.1. (Both ICDs must be requested together, per the [Medicare Claims Processing Manual](#)). In addition, these 2 codes will also have the QMQG pends removed.

<p>Cosmetic and Reconstructive Procedures (Medicare Only) SUR441</p>	<p>New Policy</p> <ul style="list-style-type: none"> – New Medicare policy created due to differences in basic general criteria as well as difference in coverage for specific procedures and/or indications. Some of the major differences include specific coverage criteria for the following: <ul style="list-style-type: none"> • All treatments for actinic keratosis. Commercial policy only allows for medium to deep chemical peels and dermabrasion. • The following, when criteria are met: <ul style="list-style-type: none"> ○ Mastectomy to treat gynecomastia (our commercial policy does not cover any treatment of gynecomastia). ○ Nasal surgeries (excluding rhinoplasty, which will be addressed in our Rhinoplasty) • The following are not addressed specifically in our commercial policy, but they may be covered under the general reconstructive criteria: <ul style="list-style-type: none"> ○ Dermabrasion for burns and rhinophyma. ○ Hair transplant for eyebrows due to burn injury or trauma. ○ Rhytidectomy to correct a functional impairment as a result of a disease state (e.g., facial paralysis). ○ Suction-assisted lipectomy when utilized to remove a lipoma. ○ Tattoo application following trauma or removal of cancer from an eyelid, eyebrow or lip(s). – CMS also addresses some indications that we do not address in the commercial policy: <ul style="list-style-type: none"> • Plastic surgery to correct “moon face” (not covered). – Added criteria for dermal injections for HIV-associated facial lipodystrophy. The medical policy that currently addresses this procedure for this indication will be archived when this policy becomes effective. <p>Note: Additional cosmetic and reconstructive indications listed in the commercial policy have not been added to the Medicare policy (per the PHP hierarchy) at this time. Medicare has general coverage and non-coverage criteria (I. – V.) that may apply.</p> <p>LOB: Medicare only.</p> <p>Codes: Added 37 codes to the policy, based on codes present in the two LCDs.</p> <ul style="list-style-type: none"> • 17 that require PA <ul style="list-style-type: none"> 1 that does not require a PA • 12 that are not covered (deny as cosmetic) • 5 unlisted codes <p>Codes with edit changes:</p> <ul style="list-style-type: none"> • 2 of these codes, Q codes for Radiesse (Q2026) and Sculptra (Q2028), are changing from no PA required to denying cosmetic. These two codes will only be allowed to pay when requested with ICD10 codes B20 AND E88.1. (Both ICDs must be requested together, per the Medicare Claims Processing Manual). In addition, these 2 codes will also have the QMQG pends removed.
<p>Dermal Injections for the treatment of Facial Lipodystrophy Syndrome (Medicare Only) MED205</p>	<p>Archive Policy</p> <p>The criteria and codes for this policy have been added to the Cosmetic and Reconstructive Procedures (Medicare Only) policy. Low claims volume indicates low policy utilization. There is no need for a separate policy at this time.</p> <p>LOB: Medicare only.</p>

No Major Changes

Effective June 1, 2019

Cardiac: Implantable Loop Recorders SUR175	<p>Annual Update No change to criteria designating implantable cardiac loop recorders (ICLRs) as medically necessary and covered for the evaluation of syncope and cryptogenic stroke. Per consideration, evidence has been added to address ICLRs to monitor post-catheter ablation patients. LOB: All lines of business Codes: No major coding changes. The following changes have been made:</p> <ul style="list-style-type: none"> • 33284 has termed • Several code descriptions have changed per Knowledge Source. <p>PA: No PA changes. Three codes currently PA'ing.</p>
Deep Brain Stimulation (All LOB Except Medicare) SUR195	<p>Annual Update No change to criteria designating Deep Brain Stimulation (DBS) as medically necessary for the treatment of tremors secondary to Parkinson's disease, essential tremor, and primary dystonia. Chronic Pain and Tourette's syndrome have been added to the list of indications for which DBS is investigational. LOB: All lines of business except Medicare Codes: Two codes added per coding plan survey:</p> <ul style="list-style-type: none"> • C1787 • C1822 <p>PA: No PA changes. The two added codes above already require PA.</p>
Deep Brain Stimulation (Medicare Only) SUR395	<p>Annual Update No change to Medicare language in relevant guidance documents. LOB: Medicare only Codes: Two codes added per coding plan survey:</p> <ul style="list-style-type: none"> • C1787 • C1822 <p>PA: No PA changes. The two added codes above already require PA.</p>
Genetic Studies and Counseling GT234	<p>Interim Update No criteria changes at this time. LOB: All lines of business. PA / Codes: Added the new code 0081U (effective 1/1/19) to the policy to be PAed.</p>

Effective July 1, 2019

<p>Automatic External Defibrillators (AED) DME196</p> <p><i>Previously Titled: Defibrillators, Automatic External (AED)</i></p>	<p>Annual Update No change to Medicare language in relevant guidance documents. Automatic external defibrillators remain medically necessary. LOB: All lines of business Codes: No coding changes. PA: No PA changes. 2 codes continue to require PA (E0617, K0606)</p>
<p>Back: Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (All Lines of Business Except Medicare)</p> <p>SUR133</p>	<p>Annual Update No change to criteria designating spinal cord stimulation (SCS) as medically necessary. Burst SCS and dorsal root ganglion (DRG) stimulation remain investigational. LOB: All lines of business except Medicare Codes: No major coding changes. Two code descriptions updated. PA: No PA changes. 27 codes currently PA'ing.</p>
<p>Back: Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Medicare Only)</p> <p>SUR 134</p>	<p>Annual Update No change to medical necessity criteria for spinal cord stimulation. No relevant CMS guidance identified for either DRG stimulation or Burst stimulation, therefore these treatments will follow commercial criteria. LOB: Medicare Only Codes: No major coding changes. Two code descriptions updated. PA: No PA changes. 27 codes currently PA'ing.</p>
<p>Celiac Disease: Serologic Testing LAB404</p>	<p>Annual Update No change to designation of HLA-DQ2/DQ8 genotype testing as medically necessary to screen or diagnose celiac disease. The following remain not medically necessary for the screening or diagnosis of celiac disease:</p> <ul style="list-style-type: none"> • A comprehensive multi-marker panel serum antibody profile test (i.e., Prometheus Celiac Serology) • A combination panel, including antibody and genetic markers (i.e., Prometheus Celiac Plus) <p>LOB: All lines of business Codes: No coding changes. One code only on policy (81382). PA: One code currently PA'ing.</p>
<p>Inflammatory Bowel Disease:</p>	<p>Annual Update</p>

Measurement of Antibodies to Immunosuppressive Therapies LAB403	<p>No change to criteria designating as investigational the measurement of serum levels and antibodies to infliximab, adalimumab, or vedolizumab, performed individually or as part of a panel (i.e., Prometheus Anser-IFX, -ADA, or -VDZ) for the treatment of inflammatory bowel disease (IBD).</p> <p>LOB: All lines of business</p> <p>Codes: One new unlisted code added per coding plan survey.</p> <p>PA: No PAs, all unlisted codes</p>
Viscosupplementation (All Lines of Business Except Medicare) MED270	<p>Annual Update</p> <p>No change to criteria designating viscosupplementation (i.e. hyaluronic acid/hyaluronan injection) (IAHA) as not medically necessary and not covered for any indications.</p> <p>LOB: All lines of business except Medicare</p> <p>Codes: 2 new codes added- J7318 and J7329. These two codes are new as of 1/1/19 and will be configured to deny NMN. C9465 termed on 12/31/2018.</p> <p>PA: No codes are PA'ing.</p>
Viscosupplementation (Medicare Only) MED271	<p>Annual Update</p> <p>No change to criteria designating viscosupplementation as medically necessary for the treatment of knee osteoarthritis. Relevant LCD has been retired and replaced with an LCA. Slight language changes in criteria.</p> <p>LOB: Medicare only</p> <p>Codes: 2 new codes added- J7318 and J7329. These two codes are new as of 1/1/19 and will be configured to pay with the diagnosis codes specified by Medicare. C9465 termed on 12/31/2018.</p> <p>PA: No codes are PA'ing.</p>

Effective August 1, 2019

Hyperbaric Oxygen Therapy (All Lines of Business Except Medicare) MED252	<p>Annual Update</p> <p>No change to coverage criteria for hyperbaric oxygen therapy (HBOT) as medically necessary when performed within the Undersea and Hyperbaric Medical Society's (UHMS) treatment guidelines.</p> <p>LOB: All lines of business except Medicare</p> <p>Codes: A4575 and E0446 (topical hyperbaric oxygen therapy) denial configuration will be changed to from "investigational" to "not medically necessary."</p> <p>PA: 2 codes currently PA'ing and will continue to require PA.</p>
Hyperbaric Oxygen Therapy (Medicare Only) MED420	<p>Annual Update</p> <p>No change to NCD language. Relevant LCA has been retired since last policy update; LCA language has been removed from policy.</p> <p>LOB: Medicare Only</p> <p>Codes: A4575 and E0446 (topical hyperbaric oxygen therapy) denial configuration will be changed to from "investigational" to "not medically necessary."</p> <p>PA: 2 codes currently PA'ing and will continue to require PA.</p>

Oxygen Therapy and Home Equipment DME300	Annual Update No major changes to Medicare language in relevant guidance documents. Oxygen therapy and home equipment remain medically necessary. LOB: All lines of business Codes: No coding changes. PA: No codes currently PA'ing
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PHARMACY & THERAPEUTICS COMMITTEE

None