

Healthcare Services Medical & Pharmacy Policy Alerts

Number 255

February 1, 2021

This is the **February 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.

We are searching for a handful of physicians to consider joining Oregon Region Pharmacy & Therapeutics Committee (ORPTC). This expert panel, comprised of practicing physicians, nurses, and pharmacists across various clinical specialties, reviews and evaluates the utilization and coverage for medications in the region. Additionally, ORPTC establishes the Providence Health Plan formularies and medication use policies to promote the clinically appropriate and cost-effective use of medications to improve the health of our population.

The meetings occur virtually every other month on the first Friday from 7:00 – 10:00 am. They start and finish on time to be respectful of your commitments outside of the ORPTC. Also, remuneration is provided to compensate for the time commitment to cover the meetings attendance.

Members are appointed to the committee by both the Oregon Region and the Providence Health Plan Chief Medical Officers. This is a great leadership opportunity! If you are interested in joining, or would like to nominate a physician, please contact:

Reina Natero
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t: (503) 574-6496

and/or
Lisa Hofmann,
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T: (503) 574-6497

Please feel free to distribute this information to potential candidates. Early career doctors are also welcome!
We look forward to hearing about your interest in a membership with the Oregon Region Pharmacy & Therapeutics Committee.

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

MEDICAL POLICY COMMITTEE

Effective April 1, 2021
(Restrictions)

Wilderness Therapy	<p>New Policy Wilderness therapy will be considered not medically necessary and not covered for the treatment of behavioral health and substance-use disorders including.</p> <p>Codes/PA: the following codes would be considered not medically necessary</p> <table border="1" data-bbox="394 613 1621 683"> <tr> <td>T2036</td> <td>Therapeutic camping, overnight, waiver; each session</td> </tr> <tr> <td>T2037</td> <td>Therapeutic camping, day, waiver; each session</td> </tr> </table>	T2036	Therapeutic camping, overnight, waiver; each session	T2037	Therapeutic camping, day, waiver; each session
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T2037	Therapeutic camping, day, waiver; each session				
Applied Behavior Analysis	<p>Interim Update As of 4/1/2021, 0362T will require PA for all lines of business per the Applied Behavior Analysis medical policy.</p> <table border="1" data-bbox="394 748 1913 938"> <tr> <td>0362T</td> <td>Behavior Exposure identification behavioral supporting follow-up assessment, each includes 15 physician minutes or of other technicians' qualified time health face-to-face care with professional a direction patient, with requiring interpretation the and following report, components: administered administration by the physician or other qualified health care professional who is on site; with the assistance of two one or more technicians; for first a 30 patient minutes who of exhibits technician(s) destructive time, behavior; completion in an environment that is customized face- to -face with the patient 's behavior.</td> </tr> </table>	0362T	Behavior Exposure identification behavioral supporting follow-up assessment, each includes 15 physician minutes or of other technicians' qualified time health face-to-face care with professional a direction patient, with requiring interpretation the and following report, components: administered administration by the physician or other qualified health care professional who is on site; with the assistance of two one or more technicians; for first a 30 patient minutes who of exhibits technician(s) destructive time, behavior; completion in an environment that is customized face- to -face with the patient 's behavior.		
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Genetic Testing: Reproductive Planning and Prenatal Testing (All Lines of Business Except Medicare) GT236	<p>Interim Update As of 4/1/2021, 81507 (Harmony® prenatal test) will require PA for all ages (not just women less than 35 years old).</p> <p><i>81507: 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>				
Myoelectric Upper Limb Prosthesis DME239	<p>Annual Update</p> <ul style="list-style-type: none"> • Criterion I: Add medically necessary criterion “The patient does not function in an environment that would inhibit function of the prosthesis” • Criterion III: Add criterion stating that upper-limb prosthetic components that use both sensor and myoelectric control are considered investigational and not covered • Criterion IV: Add criterion stating that prosthesis gloves are not medically necessary and not covered • No Medicare guidance was identified on myoelectric upper limb prosthesis <p>Codes/PA: No changes to codes/PA</p>				

<p>Occipital Nerve Stimulation and Ablation (All Lines of Business Except Medicare)</p> <p><i>Previously: Occipital Nerve Stimulation (All Lines of Business Except Medicare)</i></p>	<p>Annual Update</p> <ul style="list-style-type: none"> • Add “ablation of the occipital nerve (e.g. cryoablation, pulsed radiofrequency ablation)” as investigational for all indications • Change name to “Occipital Nerve Stimulation and Ablation” to encompass broadened scope • Occipital nerve stimulation (ONS) remains investigational for all indications • Add “medical policy cross-references section” listing “Back: Ablative Procedures to Treat Back and Neck Pain (All Lines of Business Except Medicare) and “Back: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy” (Medicare Only) <p>Codes/PA:</p> <ul style="list-style-type: none"> • Add two codes (64633, 64634), with note explaining that these require PA per “Back: Ablative Procedures” policy, but will deny investigational when billed for occipital nerve ablation
<p>Genetic Testing: Non-Covered Genetic Panel Tests (All Lines of Business Except Medicare) GT235</p> <p>&</p> <p>Genetic Testing: Non-Covered Genetic Panel Tests (Medicare Only) GT420</p>	<p>Interim Update</p> <p>Add the following panels to the list of investigational panels</p> <ul style="list-style-type: none"> • Cardiomyopathy Panel (GeneDx) • Hemiplegic Migraine Panels (GeneDx) • Nervous System/Brain Cancer (Invitae) <p>Codes/PA: Adding 4 codes to policy, all of which already require PA; no configuration changes.</p>

*Effective February 1, 2021
(Liberalizations)*

<p>Advanced Diabetes Management Technology (All Lines of Business Except Medicare)</p> <p><i>Formerly "Diabetes: Continuous Glucose Monitors (CGM) (All Lines of Business Except Medicare)</i></p>	<p>Annual Update</p> <ul style="list-style-type: none"> • Create one diabetes policy that encompasses all devices (i.e. advanced diabetes management technologies) and combine criteria <ul style="list-style-type: none"> ○ Disposable external insulin infusion pump ○ Non-disposable external insulin infusion pump ○ Continuous glucose monitoring systems ○ Integrated insulin infusion and glucose monitoring system • Rename from "Diabetes: Continuous Glucose Monitors (CGM)" policy • Add note to top of policy clarifying which devices go through Pharmacy • Add warranty information for individual devices to Table 1 to aid in administering "replacement" criterion. • Archive the following policies
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<p>DME207</p>	<ul style="list-style-type: none"> ○ "Diabetes: Insulin Infusion Pumps (External and Implanted)" ○ "Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems" <p>Codes/PA:</p> <ul style="list-style-type: none"> ● Relevant billing guidelines and codes from "Diabetes: Insulin Infusion Pumps (External and Implanted)" and "Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems" have been added to this policy. ● Remove PA for insulin pumps (A9274, E0784, E0787) for all diabetic types
<p>Advanced Diabetes Management Technology (Medicare Only) <i>Formerly "Diabetes: Continuous Glucose Monitors (CGM) (Medicare Only)"</i></p> <p>DME392</p>	<p>Annual Update</p> <ul style="list-style-type: none"> ● Create one diabetes policy that encompasses all devices (i.e. advanced diabetes management technologies) and combine criteria <ul style="list-style-type: none"> ○ Disposable external insulin infusion pump ○ Non-disposable external insulin infusion pump ○ Continuous glucose monitoring systems ○ Integrated insulin infusion and glucose monitoring system ● Rename from "Diabetes: Continuous Glucose Monitors (CGM)" policy ● Add note to top of policy clarifying which devices go through Pharmacy ● Add guidance documents addressing external insulin infusion pumps and implantable insulin infusion pumps from "Diabetes: Insulin Infusion Pumps (External and Implanted)" policy. ● Archive the following policies <ul style="list-style-type: none"> ○ "Diabetes: Insulin Infusion Pumps (External and Implanted)" ○ "Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems" <p>Codes/PA:</p> <ul style="list-style-type: none"> ● Relevant billing guidelines and codes from "Diabetes: Insulin Infusion Pumps (External and Implanted)" and "Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems" have been added to this policy. ● Removing PA for E0784 to follow commercial in allowing to now pay with no PA
<p>Genetic Testing: Reproductive Planning and Prenatal Testing (All Lines of Business Except Medicare) GT236</p>	<p>Interim Update Allow noninvasive prenatal screening using cell-free DNA for screening of trisomy 13, 18 and 21 in all viable, single gestation pregnancies ≥ 10 weeks gestation. Liberalization of coverage from allowing such screening only for high-risk pregnancies. (Criterion XXIV.A.)</p> <p>Codes/PA: No coding changes, PA is still required.</p>
<p>Organ Transplantation (All Lines of Business Except Medicare) SUR294</p>	<p>Annual Update</p> <ul style="list-style-type: none"> ● Separated policy into 'all lines of business except Medicare' and 'Medicare only' ● Added Documentation Requirements section, requiring medical records on history, physical examination, treatment plan, psychosocial history, diagnostic testing, and documentation of treatment or abstinence from alcohol or substance use for min of 6 months. ● Add note: Plan may request additional medical assessments or session with patient and family to discuss benefits and psycho-social support systems available for post-transplant care. (Taken from criterion I.)

	<ul style="list-style-type: none"> • Criterion VI.D: Add examples to criterion for transplant approval for pediatric patients with early cardio-pulmonary disease- cystic fibrosis, interstitial pulmonary disease, idiopathic pulmonary hypertension • Criterion VII.C: Add example of indication in which there are no medical or surgical alternatives to liver transplant- Biliary atresia • Remove “Other Transplants” section, which covers stem cell transplant, in order to create new policy (described below) <p>Codes/PA: No changes to coding or PA requirements</p>
<p>Organ Transplantation (Medicare Only)</p> <p>SUR451</p>	<p>New Policy</p> <ul style="list-style-type: none"> • Created Medicare version of the Organ Transplantation policy • Continue to follow: <ul style="list-style-type: none"> ○ National Coverage Determination (NCD) for Adult Liver Transplantation (260.1) ○ National Coverage Determination (NCD) for Dental Examination Prior to Kidney Transplantation (260.6) ○ National Coverage Determination (NCD) for Nonselective (Random) Transfusions and Living Related Donor Specific Transfusions (DST) in Kidney Transplantation (110.16) ○ National Coverage Determination (NCD) for Heart Transplants (260.9) ○ National Coverage Determination (NCD) for Hearts breath Test for Heart Transplant Rejection (260.10) ○ National Coverage Determination (NCD) for Intestinal and Multi-Visceral Transplantation (260.5) ○ National Coverage Determination (NCD) for Islet Cell Transplantation in the Context of a Clinical Trial (260.3.1) ○ National Coverage Determination (NCD) for Pancreas Transplants (260.3) ○ National Coverage Determination (NCD) for Pediatric Liver Transplantation (260.2) ○ National Coverage Determination (NCD) for Thoracic Duct Drainage (TDD) in Renal Transplants (20.3) <p>Codes/PA: No changes to coding or PA requirements</p>
<p>Stem Cell Transplantation (All Lines of Business Except Medicare)</p> <p>MED441</p>	<p>New Policy</p> <ul style="list-style-type: none"> • Create new policy for stem cell transplantation (removing criteria from organ transplantation policy), but criteria continue to follow Medicare guidance, National Coverage Determination (NCD) for Stem Cell Transplantation (110.23) • Policy has medically necessary criteria for both allogeneic hematopoietic stem cell transplantation and autologous stem cell transplantation, for cancer and non-cancer indications <p>Codes/PA: No changes to coding or PA requirements</p>
<p>Stem Cell Transplantation (Medicare Only)</p> <p>MED440</p>	<p>New Policy</p> <ul style="list-style-type: none"> • Create new policy for stem cell transplantation (removing criteria from organ transplantation policy), following the Medicare guidance: <ul style="list-style-type: none"> ○ National Coverage Determination (NCD) for Stem Cell Transplantation (110.23) <p>Codes/PA: No changes to coding or PA requirements</p>
<p>Lower Limb Prosthesis (All Lines of Business Except Medicare)</p> <p>DME322</p>	<p>Annual Update</p> <ul style="list-style-type: none"> • Separate policy into 'all lines of business except Medicare' and 'Medicare only' • Continue to base criteria on Medicare guidance Local Coverage Determination (LCD): Lower Limb Prostheses (L33787) and Local Coverage Article (LCA) Lower Limb Prostheses (A52496) <p>Codes/PA:</p>

	<ul style="list-style-type: none"> Remove codes L1851 and L1852 from policy as they are not relevant to lower limb prostheses and are not on the Medicare LCD or LCA Remove PA from code L7368, it should pay with no PA Add L7700 to policy to pay with no PA. Code is listed in Medicare guidance.
<p>Lower Limb Prosthesis (Medicare Only)</p> <p>DME422</p>	<p>New Policy</p> <ul style="list-style-type: none"> Created Medicare version of the Lower Limb Prosthesis policy. Follow Medicare guidances: <ul style="list-style-type: none"> Local Coverage Determination (LCD): Lower Limb Prostheses (L33787) Local Coverage Article: Lower Limb Prostheses - Policy Article (A52496) <p>Codes/PA: Remove PA from code L7368, it should pay with no PA</p>

VENDOR UPDATES

Updates to AIM Advanced Imaging of the Heart Clinical Appropriateness Guideline

Effective for dates of service on and after **March 14, 2021**, the following updates will apply to the AIM Advanced Imaging of the Heart Clinical Appropriateness Guidelines.

Evaluation of patients with cardiac arrhythmias

- Updated repeat TTE criteria
- Added restrictions for patients whose initial echocardiogram shows no evidence of structural heart disease, and follow-up echocardiography is not appropriate for ongoing management of arrhythmia.

Evaluation of signs, symptoms, or abnormal testing

- Added restrictions for TTE in evaluation of palpitation and lightheadedness based on literature.

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](#).

Pharmacy & Therapeutics (P&T) Committee
None