

Healthcare Services Medical & Pharmacy Policy Alerts

Number 250

August 1, 2020

This is the **August 1, 2020** 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

Effective 10/1/2020, Providence Health Assurance will be instituting the Centers for Medicare & Medicaid (CMS) National Coverage Determination (NCD) Coding Policy Manual for selected lab services for Medicare lines of business only.

Lab Management FAQ

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 payable under Medicare Part B. 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 “covered” by Medicare or codes that “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 Assurance implementing the NCDs for diagnostic laboratory testing and the CMS NCD coding policy manual?

A: Through medical policy, we are creating new medical 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 will be 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: To begin, we will implement medical policies and coding configuration based on the CMS NCD coding policy manual for the following NCDs, for *Medicare lines of business only*:

- 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: 10/1/2020 for *Medicare lines of business only*. 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 \(NCD 190.23\)](#)

<p>Blood Counts (Medicare Only) LAB426</p>	<p>New Policy</p> <ul style="list-style-type: none"> • Blood counts will be medically necessary and covered when criteria in National Coverage Determination (NCD) for Blood Counts (190.15) are met and codes are not billed with any diagnosis code taken from the Medicare NCD Coding Policy Manual and Change Report. <p>Codes/PA: 11 codes added, none will require PA and will be configured to deny when billed with any dx code designated by Medicare.</p> <p>CMS:</p> <ul style="list-style-type: none"> • National Coverage Determination (NCD) for Blood Counts (190.15) • Medicare NCD Coding Policy Manual and Change Report (ICD-10-CM)
<p>Thyroid Testing (Medicare Only) LAB428</p>	<p>New Policy</p> <ul style="list-style-type: none"> • Thyroid testing will be medically necessary and covered when criteria in National Coverage Determination (NCD) for Thyroid Testing (190.22) are met and codes are billed with any diagnosis code taken from the Medicare NCD Coding Policy Manual and Change Report. • Also instituting a 4/rolling calendar year quantity limit, in accordance with the Medicare NCD linked above. <p>Codes/PA: 4 codes added, none will require PA and will be configured to pay when billed with any diagnosis code designated by Medicare.</p> <p>CMS:</p> <ul style="list-style-type: none"> • National Coverage Determination (NCD) for Thyroid Testing (190.22) • Medicare NCD Coding Policy Manual and Change Report (ICD-10-CM)

<p>Glycated Hemoglobin and Glycated Protein Testing (Medicare Only)</p> <p>LAB431</p>	<p>New Policy</p> <ul style="list-style-type: none"> Policy cites Centers for Medicare & Medicaid Services National Coverage Determination (NCD) for Glycated Hemoglobin/Glycated Protein (190.21). Glycated hemoglobin and glycated protein testing billed with CPTs 82985 and 83036 will pay with any of the diagnostic codes listed in the Medicare NCD Coding Policy Manual, section for NCD 190.21, linked here. Other diagnosis codes paired with these CPTs will deny. <p>Codes/PA: Add two codes from the NCD, neither of which will PA. Codes will pay for ICD-10 diagnosis codes listed in the Medicare Coding Policy manual, and will otherwise deny as not medically necessary.</p> <ul style="list-style-type: none"> 82985: Glycated protein 83036: Hemoglobin; glycosylated (A1C)
<p>Lipid Testing (Medicare Only)</p> <p>LAB432</p>	<p>New Policy</p> <ul style="list-style-type: none"> Lipid testing will be considered medically necessary and covered when criteria in Coverage Determination (NCD) for Lipid Testing (190.23) are met and codes are billed with dx codes listed in the Medicare NCD Coding Policy Manual and Change Report (ICD-10-CM) <p>Codes/PA: Eight codes added; none require PA. Codes will be configured to pay when billed with one of the diagnosis codes in the hyperlinked spreadsheet above.</p>

Other Policies Effective 10/1/2020

<p>Respiratory Viral Panels (All Lines of Business Except Medicare)</p> <p>LAB433</p>	<p>New Policy</p> <ul style="list-style-type: none"> Creating a new medical policy to limit and deny not medically necessary respiratory viral panels. Most of these panels include a slew of 15+ targets in an attempt to find a “one size fits all” diagnostic approach to upper respiratory infections. We will follow the Noridian LCD and LCA for respiratory viral panels. The LCD/LCA limits coverage of these panels to 5 pathogens or less, and only when billed with specific, medically necessary diagnosis codes at POS 20, 21, or 23 (urgent care, inpatient hospital, or emergency room). Panels of 6 or more pathogens will be considered not medically necessary and not covered, per the LCD and LCA. <p>Codes/PA: No PA requirements. Codes will either pay with specific edits in CES or deny NMN.</p> <ul style="list-style-type: none"> 87631 (3-5 targets): will be configured to pay at POS 20, 21,23 only and when billed with the medically necessary diagnosis codes outlined in the LCA 87632, 87633, 0098U, 0099U, 0100U, 0115U, 0202U, and 0223U: deny NMN per this policy.
<p>Respiratory Viral Panels (Medicare Only)</p> <p>LAB434</p>	<p>New Policy</p> <p>Follow the Noridian LCD and LCA for respiratory viral panels</p> <ul style="list-style-type: none"> Local Coverage Determination (LCD): MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (L37315) Local Coverage Article: Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (A57340) <p>Codes/PA: No PA requirements. Codes will either pay with specific edits in CES or deny NMN.</p>

	<ul style="list-style-type: none"> • 87631 (3-5 targets): will be configured to pay at POS 20, 21,23 only and when billed with the medically necessary diagnosis codes outlined in the LCA • 87632, 87633, 0098U, 0099U, 0100U, 0115U, 0202U, and 0223U: deny NMN per this policy.
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VENDOR UPDATES

Updates to AIM Advanced Imaging Clinical Appropriateness Guideline

Effective for dates of service on and after **August 16, 2020**, the following updates will apply to the AIM Advanced Imaging of the Chest and AIM Oncologic Imaging Clinical Appropriateness Guidelines.

Advanced Imaging of the Chest updates by section:

Tumor or Neoplasm

- Allowed follow up of nodules less than 6 mm in size seen on incomplete thoracic CT, in alignment with follow up recommendations for nodules of the same size seen on complete thoracic CT
- Added new criteria for which follow up is indicated for mediastinal and hilar lymphadenopathy
- Separated mediastinal/hilar mass from lymphadenopathy, which now has its own entry

Parenchymal Lung Disease – not otherwise specified

- Removed as it is covered elsewhere in the document (parenchymal disease in Occupational lung diseases and pleural disease in Other thoracic mass lesions)

Interstitial lung disease (ILD), non-occupational including idiopathic pulmonary fibrosis (IPF)

- Defined criteria warranting advanced imaging for both diagnosis and management

Occupational lung disease (Adult only)

- Moved parenchymal component of asbestosis into this indication
- Added Berylliosis

Chest Wall and Diaphragmatic Conditions

- Removed screening indication for implant rupture due to lack of evidence indicating that outcomes are improved
- Limited evaluation of clinically suspected rupture to patients with silicone implants

Oncologic Imaging updates by section:

MRI breast

- New indication for BIA-ALCL
- New indication for pathologic nipple discharge
- Further define the population of patients most likely to benefit from preoperative MRI

Breast cancer screening

- Added new high risk genetic mutations appropriate for annual breast MRI screening

Lung cancer screening

- Added asbestos-related lung disease as a risk factor

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