PROVIDENCE Health Plan

PROVIDENCE Health Assurance

# Healthcare Services Medical & Pharmacy Policy Alerts

Number 252

October 1, 2020

This is the October 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.

## FDA Recalls:

**BDA Alaris™ System Infusion Pump.**
**FDA recall information is linked here:**
https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/bd-provides-update-previously-disclosed-recall-bd-alaris-system-hardware

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

## MEDICAL POLICY COMMITTEE

Effective 1/1/2021, 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**: 1/1/2021 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)

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| **Blood Counts (Medicare Only) LAB426** | **New Policy**<br>• 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.<br>**Codes/PA:** 11 codes added, none will require PA and will be configured to **deny** when billed with any dx code designated by Medicare.<br>**CMS:**<br>• National Coverage Determination (NCD) for Blood Counts (190.15)<br>• Medicare NCD Coding Policy Manual and Change Report (ICD-10-CM) |
| **Thyroid Testing (Medicare Only) LAB428** | **New Policy**<br>• 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.<br>• Also instituting a 4/rolling calendar year quantity limit, in accordance with the Medicare NCD linked above.<br>**Codes/PA:** 4 codes added, none will require PA and will be configured to **pay** when billed with any diagnosis code designated by Medicare.<br>**CMS:**<br>• National Coverage Determination (NCD) for Thyroid Testing (190.22)<br>• Medicare NCD Coding Policy Manual and Change Report (ICD-10-CM) |

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| **Glycated Hemoglobin and Glycated Protein Testing (Medicare Only)**<br><br>**LAB431** | **New Policy**<br>• Policy cites Centers for Medicare & Medicaid Services National Coverage Determination (NCD) for Glycated Hemoglobin/Glycated Protein (190.21).<br>• 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.<br>**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.<br>• 82985: Glycated protein<br>• 83036: Hemoglobin; glycosylated (A1C) |
| **Lipid Testing (Medicare Only)**<br><br>**LAB432** | **New Policy**<br>• 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)<br>**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. |

*Effective January 1, 2021*

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| **Cranial Electrical Stimulation**<br>**BH001** | **New Policy**<br>Cranial electrical stimulation will deny not medically necessary and not covered for the treatment of any indication, including but not limited to depression or anxiety disorders.<br>**Codes/PA:** One unlisted code |
| **Ultra-Rapid Detoxification**<br><br>**BH002** | **New Policy**<br>Ultra-rapid detoxification is considered not medically necessary and not covered for the treatment of any indication, including but not limited to, withdrawal from opioid dependence.<br>• Note added to criteria: "This policy does not apply to detoxification or emergency detoxification, which may be considered medically necessary."<br>**Codes/PA:** One unlisted code |

*Effective December 1, 2020*

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| **Sleep Disorder Treatment: Surgical** | **Annual Update**<br>• Adding the procedure, 'expansion sphincter pharyngoplasty', to the policy as an investigational and not covered treatment.<br>• Added criteria on hypoglossal nerve stimulation device removal and replacement.<br>**Codes/PA:** CPT 42225 and 42226 were added to the policy as not covered, to deny investigational. These codes will be configured to pay when billed with cleft palate repair diagnosis codes. |

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| **(All Lines of Business Except Medicare) SUR342** | |
| **Sleep Disorder Treatment: Surgical (Medicare Only)**<br><br>**SUR442** | **Annual Update**<br>• Local Coverage articles were included to their respective Local Coverage Determinations<br>• One code was added to the policy to PA for hypoglossal nerve stimulation based on the LCA (A57949).<br>• We follow the following CMS guidance:<br>○ Local Coverage Determination (LCD): Surgical Treatment of Obstructive Sleep Apnea (OSA) (L34526).<br>○ Local Coverage Article: Billing and Coding: Surgical Treatment of Obstructive Sleep Apnea (OSA) (A56905)<br>○ Local Coverage Determination (LCD): Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38312).<br>○ Local Coverage Article: Billing and Coding: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (A57949)<br>**Codes/PA:** Per LCA A57949, CPT code 64568 is being added to the policy. Extensive Coding Guidelines in the Article indicate this code should PA. |
| **Chiropractic Care (All Lines of Business Except Medicare) MED183** | **Annual Update**<br>• Criterion I.A.: Language added specifying that the patient must be at least 18 years of age or older<br>• Criterion I.D.: Language changed from "licensed doctor of chiropractic" to "qualified provider of chiropractic services" with corresponding "Policy Guideline."<br>• Criteria III.C.-D.: New requirement for progress reports (criterion. III.C.) and documentation showing continual progress over a specific period of time (criterion III.D.), both per ASH policy language.<br>• Criterion IX.: Chiropractic care for infants, children and adolescents now called out as "not medically necessary"<br>**Codes/PA:** Will configure each of the 3 codes to deny when patient is under 18-years of age. |
| **Chiropractic Care (Medicare Only) MED436** | **New Policy**<br>Create new policy referencing appropriate LCA and Medicare Benefit Policy Manual.<br>**Codes/PA:** No coding changes, no codes require PA.<br>**CMS:**<br>• Local Coverage Article: Billing and Coding: Chiropractor Services (A57914)<br>• Medicare Benefit Policy Manual: Chapter 15 – Covered Medical and Other Health Services (Rev. 259, 07-12-19) |
| **Genetic Testing: Non-Covered Genetic Panel Tests (All Lines of Business Except Medicare)**<br><br>**GT235** | **Interim Update**<br>• **Two new panels added to the policy. Both are considered investigational and not-covered.**<br>○ Copper Metabolism Disorders Panel (Invitae)<br>○ NGS_Myeloid 37 Genes Panel (Cellnetix) |

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| **Genetic Testing: Non-Covered Genetic Panel Tests (Medicare Only)**<br><br>**GT420** | **Interim Update**<br>• **Two new panels added to the policy. Both are considered investigational and not-covered.**<br>  ○ Copper Metabolism Disorders Panel (Invitae)<br>  ○ NGS_Myeloid 37 Genes Panel (Cellnetix) |
| **Outpatient Physical Therapy MED408** | **Annual Update**<br>No major changes to criteria.<br>• Added "Digital health platform (web or application-based physical therapy with personalized avatar)" to list of "not medically necessary" treatments.<br>• Continue to reference Centers for Medicare & Medicaid (CMS) Benefit Policy Manual, Chapter 15, Covered Medical and Other Health Services.<br>**Codes/PA:**<br>• One code (97026), which currently denies u21, will now pay, as CMS no longer address this code.<br>• 97150 will be configured to deny not medically necessary for all lines of business |

*Archive October 1, 2020*

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| **Robotic Surgical Systems SUR338** | As of 10/1/2020, these services are now addressed in Payment Policy 13.0. Payment policy 13.0 does not allow for separate reimbursement of robotic surgical systems.<br>**Codes/PA:** S2900 (surgical techniques requiring the use of robotic surgical system) will now deny per payment policy 13.0 |

## VENDOR UPDATES

*EviCore*

**Effective 1/1/2021, alternative care providers will now need to utilize eviCore for PA requests when billing any codes found on the eviCore PA code list, as updated on 9/1/2020. For additional information on eviCore please follow this link Outpatient Rehabilitation.**

**Alternative Care Providers include:**

- **Chiropractic**
- **Acupuncture**
- **Massage**
- **Naturopath**

## Pharmacy & Therapeutics (P&T) Committee

None