

PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

Highmark Health Options Medical Policies Effective May 6, 2019

New DE Medicaid Highmark Health Options Medical Policies:

- **MP-072-MD-DE Ambulance - Air**
- **MP-073-MD-DE Ambulance - Ground**
- **MP-075-MD-DE Myoelectric Upper Extremity Orthoses**
- **MP-079-MD-DE Hypoglossal Nerve Stimulator**
- **MP-094-MD-DE MRgFUS**

2019 Annual Review DE Medicaid Highmark Health Options Medical Policies:

- **MP-004-MD-DE Bariatric Surgery**
 - Annual Review Revisions: Clarified Operational Guidelines by adding medical necessity verbiage; Clarified CPT codes necessary for revision/replacement diagnosis codes in Attachment C: 43771, 43772, 43373, 43774, 43848, 43860, 43865, 43886, 43887, & 43888 and under the surgical revisions or replacement section, only one diagnosis code is required for procedure codes 43771, 43772, 43373, 43774, 43848, 43860, 43865, 43886, 43887, & 43888; Deleted invalid diagnosis codes N46.1 & N97 from Non-covered Diagnosis Code table in Attachment C; Added note to the Diagnosis Code table (Attachment C) instructing providers to select a diagnosis code for Group 1, Group 2 and Group 3. MP-002-MD-DE Noninvasive Positive Pressure Ventilation
- **MP-011-MD-DE BRCA1 and BRCA2 Genetic Mutation Testing and Related Genetic Counseling**
 - Annual Review Revisions: Revised title of the policy with the removal of genetic counseling; under the Procedure code section, updated the formatting Procedures section 1 and 2; removed 'women' in the criteria set and replaced with 'individual'; Deleted section D under Procedures and merged the criteria into the general criteria; under services not covered section, added only one test per lifetime and statement regarding screening of general population and noncoverage statement for direct-to-consumer BRCA testing; Moved the USPSTF information from the Government site and place it in the Summary of literature and added information on direct-to-consumer testing; updated the operational guidelines;; Added new codes include 81163, 81164, 81165, 81166, 81167 & 81479; Coding description changes for codes 81162, 81212, 81215, 81216, & 81217. Removed the once in a lifetime restriction based on covered indications, deleted procedure codes 88271, 88272, 88273, 88274, 88275, 96040 and S0265; removed hyperlinks from all references; Coding Update: The following CPT codes have been deleted as a result of 2019 CPT Coding Manual revisions: 81211, 81213 & 81214

Highmark Health Options Annual Review Policies Effective May 6

- **MP-017-MD-DE BCR-ABL1 Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia**
 - Annual Review Revisions: No policy statement changes; revised Operational Guidelines; added procedure code 0040U as eligible; removed the word 'Covered' from the procedure and diagnosis code tables in Attachments B & C; updated references.

- **MP-012-MD-DE Chromosome Microarray Testing**
 - Annual Review Revisions: Updated Procedure section with clarification of congenital anomalies, added criteria for microarray analysis in the evaluation of pregnancy loss; updated non-covered section related to analysis of fetal tissue; deleted CPT code 96040; added ICD-10 diagnosis N96, O26.20 – O26.23; updated the summary of literature and reference section; removed hyperlinks from the reference section; Updated reference from ACOG recommendation to December 2016.

- **MP-013-MD-DE Whole Exome and Whole Genome**
 - Annual Review Revisions: Formatting updates to definitions, procedures section and attachments; Health Options position remains; Added additional current literature and rationale; removed the hyperlinks in Attachment D- references.

- **MP-022-MD-DE Negative Pressure Wound Therapy**
 - Annual Review Revisions: Revised language under Procedures in #1. A and added information regarding care initiated during inpatient stay #1.A.6; in section C removed 1.a, added medically appropriate in C.2.b; under section 4 revised language in letter A and removed letter K; added language in #6 regarding use of NPWT beyond 4 months requiring Medical Director review and added example situations of not medically necessary NPWT services; deleted prophylactic use paragraph because it is included as an example of not medically necessary situations; under Government Bodies Approval added new device NPD 1000; updated Summary of Literature; revised Procedure Code section with the addition of non-covered HCPCS codes K0743, K0744, K0745 & K0746; in the Reference Sources removed hyperlinks from all references and added additional references.

- **MP-032-MD-DE Skin Replacement Therapy**
 - Annual Review Revisions: Reformatted the criteria under procedures for skin substitutes that are covered for A. and B. to include the covered skin substitute products; included updated literature to the summary of literature; added medically necessary and not medically necessary skin substitutes and coverage explanation to the summary of literature; Code updated: Q4119, Q4129, and Q4172 were deleted CMS HCPCS codes and were removed from policy, Removed the C codes due to nonuse Added HCPCS code Q4153 to non-covered procedure code section; removed HCPCS codes from the covered procedure codes section and moved the HCPCS codes to the non-covered procedure codes section based on the updated literature findings (Q4110, Q4112, Q4115, Q4117, Q4119, Q4122, Q4123, Q4125, Q4126, Q4127, , Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4155, Q4156, Q4157, Q4159, Q4160, Q4161, Q4162, Q4163,); Added HCPCS code to the non-covered procedure code section; Removed HCPCS code Q4119 from procedure codes due to AMA deletion; Removed HCPCS code Q4120 due to burn only indication, not wound care; Removed HCPCS code Q4130 AND Q4172 due to breast only indication, not wound care; Removed all breast neoplasm ICD-10 diagnoses codes; Added rationale and literature to Attachment C to for each skin substitute; removed the hyperlinks from all references.

Highmark Health Options Annual Review Policies Effective May 6

- **MP-039-MD-DE Custom Made Oral Appliances in the Treatment of Obstructive Sleep Apnea (OSA)**
 - Annual Review Revisions: No criteria changes; added two new definitions for OSA and RDI; included conditions that are considered not covered under Section 3; removed the hyperlinks from all references. Corrected typographical error in Dx Codes: change M26.13 to M26.19.
- **MP-040-MD-DE Continuous Glucose Monitoring**
 - Annual Review Revisions: updated definitions; in the Procedure section 1 added section on artificial pancreas device systems with qualifying criteria for low-glucose suspend devices; Section 3 revised information regarding use of HCPCS codes K0553 & K0554; added requirements for replacement and non-coverage criteria for the artificial devices; updated the Governing Bodies section; updated Summary of Literature and Professional Societies table; revised covered procedure codes to include S1034 to S1037; Deleted ineligible diagnosis codes O24.0 and O24.01; Added therapeutic continuous glucose monitors to Definition section on page 2. Removed diagnosis code Z79.4 from ineligible diagnosis table correcting an error; updated Reference section and deleted hyperlinks from all references. Added reference to Clinical Pharmacy policy for Libre CGM.
- **MP-041-MD-DE Panniculectomy**
 - Annual Review Revisions: no criteria changes; formatting revisions; removed hyperlinks to the references.
- **MP-049-MD-DE Implantable Cardioverter Defibrillator**
 - Annual Review Revisions: Removed the word 'Covered' from the procedure and diagnosis code tables in Attachments B & C; Deleted procedure codes 33282, 33284 & C1764 as not appropriate for this policy. Revised place of service from inpatient to outpatient.
- **MP-050-MD-DE Bronchial Thermoplasty**
 - Annual Review Revisions: Added anti-IGE & anti-Interleukin II failure to medical necessity criteria; expanded non-coverage conditions to include GERD, chronic aspiration, severe allergies and vocal cord dysfunction; updated Operational guidelines regarding medical necessity denials; update all GINA references; removed hyperlinks from all references.
- **MP-059-MD-DE Colorectal Cancer Screening**
 - Annual Review Revisions: added for average risk individuals, colorectal cancer screening is covered starting at age 40 instead of age 50 and removed the African American notation indicating age 45; two notes added at the end of the Procedure section to provide specific direction; deleted typographical error under Procedure 1.G; Updated Operational Guidelines regarding eligible ages; revised procedures with the addition of 44388, 44389, 44392, 44394, G0122; corrected code description for G0106; updated the Summary of Literature; updated Reference section and removed hyperlinks.

Highmark Health Options Annual Review Policies Effective May 6

- **MP-067-MD-DE Electrical Bone Growth Stimulators for the Spine**
 - Annual Review Revisions: There is no change to the position statement and criteria; updated the formatting in the 'Procedures' section; updated the formatting of the summary of literature; updated literature in the rationale; added an updated Hayes reference; hyperlinks were removed from the references; Removed the E/I status in the operational guidelines and replaced it with a NMN status, changed the age requirement to post-payment.
- **MP-084-MD-DE Cochlear Implants**
 - Annual Review Revisions: Added new attachment (E) defining degree of hearing loss; under Procedure section B added criteria requiring the ability to participate in an aural rehabilitation program; updated summary of literature and references; removed hyperlinks from all existing references; added HCPCS codes L8625 & V5273 as eligible and added diagnosis codes H90.8, H90.A21 & H90.A22 as eligible.
- **MP-089-MD-DE Transcranial Magnetic Stimulation**
 - Annual Review Revisions: Added 'or nursing' with the pregnancy condition, active current substance abuse and patients who are acutely suicidal under the Contraindications section; updated Summary of Literature and Reference sections; removed hyperlinks from listed references.

*Full versions of all these medical policies are available on the Highmark Health Options provider website at: <https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>

DISCLAIMER

Highmark Health Options medical policies are intended to serve only as a general reference resource regarding payment and coverage for the services described. These policies do not constitute medical advice and are not intended to govern or otherwise influence medical decisions.