

PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

Updated Policies Effective August 15, 2018

New DE Medicaid medical policies:

MP-084-MD-DE Cochlear Implants

MP-090-MD-DE Ambulatory Blood Pressure Monitors

MP-092-MD-DE EGD

Annual Review DE Medicaid medical policies:

MP-009-MD-DE Noninvasive Assessment for the Evaluation of Liver Fibrosis – Annual Review

Revisions:

- Contraindication criteria format updated—Page 2;
- Updated references;
- Deleted unrelated procedure codes: 47000, 47001, 47100, 82172, 82247, 82977, 83010, 83519, 83520, 83883, 84450, 84460, 88342;
- Added the following ICD-10 diagnosis codes per the policy guidelines: Z68.20, Z68.21, Z68.22, Z68.23, Z68.24, Z68.25, Z68.26, Z68.27, Z68.28, & Z68.29;
- Removed CPT code 0346T.

MP-058-MD-DE Pulmonary Rehabilitation – Annual Review Revisions:

- Under Procedure Section letters A & B have been revised regarding ordering & consulting provider;
- Added covered procedure code 94799;
- Removed the word ‘Covered’ from the procedure and diagnosis code tables in Attachments B & C

MP-059-MD-DE Colorectal Cancer Screening – Annual Review Revisions:

- FORMATTING changes and operational updates

Revised DE Medicaid medical policies

• **MP-004-MD-DE Bariatric Surgery – Revisions:**

- Based on provider feedback policy revised: Procedure codes 97802, 97803, 97804 were added as eligible procedure codes in Attachment B

• **MP-069-MD-DE Home Oxygen Therapy – Revisions:**

- This change is retroactive to 2/15/2018;
- Revised recertification requirements in Section #5,
- Letter B removing the face-to-face requirement every 6 months and replaced with the requirement of recertification of medical necessity every 6 months.
- Removed the word ‘Covered’ from the procedure and diagnosis code tables in Attachments B & C.

Updated Policies Effective August 15, 2018

Annual Review DE Medicaid drug policies:

MP-021-MD-DE Portrazza – Annual Review Revisions:

- Revised dosing information under Procedures, Section H;
- Removed the word ‘Covered’ from the procedure and diagnosis code tables in Attachments A & B;
- Removed 96413 & 96365 from the procedure code table in Attachment A as related code not necessary;
- Revised Operational Guidelines in accordance with changes;
- Removed reauthorization

MP-025-MD-DE Interleukin-5 Inhibitors – Annual Review Revisions:

- Added criteria and procedure code for Fasenra;
- combined specified therapy requirements;
- removed specific dosing with general dosing statement;
- removed parasitic infection criteria;
- removed Attachment C-Estimated Clinical Comparability of Daily Doses of Inhaled Corticosteroids; updated references updated references.

MP-037-MD-DE Exondys 51 – Annual Review Revisions:

- Revised medical necessity criteria;
- Removed the word ‘Covered’ from the procedure and diagnosis code tables in Attachments A & B;
- Updated literature sources HCPCS coding update;
- new HCPCS code J1428 added;
- Delete J3490, J3590 & C9484.

MP-024-MD-DE Botox – Annual Review Revisions:

- Removed the word ‘Covered’ from the procedure and diagnosis code tables in Attachments A & B;
- Under Procedure code section criteria revised with the removal of several criteria related to retreatment and added overactive bladder as an eligible condition;
- Updated FDA approval section;
- Added 64650 to eligible procedure code list in Attachment B;
- In the Diagnosis section in Attachment C added G24.9 as eligible and deleted R68.2 as ineligible.

* 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.