

PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

Highmark Health Options Medical Policies Effective February 15, 2019

New DE Medicaid Medical Policies:

- **MP-068-MD-DE Ultrasound Bone Growth stimulators**
- **MP-070-MD-DE Electrical Bone Growth Stimulators**
- **MP-074-MD-DE Oncologic Genetic Panels**
- **MP-076-MD-DE Single Use ECG Monitoring**

2019 Annual Review Highmark Health Options Medicaid Medical Policies:

- **MP-001-MD-DE Wearable Cardioverter Defibrillators**
 - Revisions: Added related policy MP-057-MD-PA to Pg. 1 table; removed duplicate definition from Pg. 1: Policy Statement; Added updated literature to Attachment A; Removed interrogation CPT codes 93745 and 93292 due to lack of specificity; Removed references to citations in Attachment D; Added new references.
- **MP-002-MD-DE Noninvasive Positive Pressure Ventilation**
 - Revisions: Added language to exclude CPAP from the policy; Added length of coverage language which also mentioned in #2; Removed code E0601 (CPAP); Removed operational guidelines referring to CPAP; Added references.
- **MP-005-MD-DE Oncotype DX**
 - Revisions: Under the Procedure code section, added men as eligible; corrected noncovered section to remove the male exclusion and added appropriate ICD-10 diagnosis for males in Table C; Under Attachment B, deleted procedure code 81479 and added 0008M in the first table for breast cancer, created two noncovered procedure code tables to separate prostate (81541, 81551, 0011M, 0005U & 0047U) and colon cancer (81525); updated Summary of Literature; deleted hyperlinks from all references; additional references included.
- **MP-006-MD-DE Genetic Testing for Cystic Fibrosis**
 - Revisions: Updated policy statement; added cystic fibrosis definition; Added criteria 1.A.1.) “Testing should only be performed one per lifetime”; Added criteria 1.A.6.) “Infants with an elevated IRT value on newborn screening”; Updated criteria language; Added 1.C. – “Prenatal Testing” criteria section; Added detailed criteria sections 2., 3., 4. And 5 with coding; Updated summary of literature on IRT values; Added 2018 ICD-10 code Z36.0; Added 2 references to reference sources; Removed hyperlinks in all references.

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- **MP-007-MD-DE Hyperbaric Oxygen Therapy**
 - Revisions: Revised covered conditions; added multiple covered ICD-10 diagnosis codes to align with coverage criteria; the word ‘Covered’ was removed from Attachments B & C; in the Reference section removed hyperlinks from all sources.
- **MP-009-MD-DE Noninvasive Assessment of Liver Fibrosis**
 - Revisions: Clarified criteria regarding BMI in the Procedure section; removed the word ‘Covered’ from the procedure and diagnosis code tables in Attachments B & C; deleted procedure code 0346T as it is noncovered; removed hyperlinks from all sources in the Reference section; updated Summary of Literature and references.
- **MP-010-MD-DE Testing for Genetic Disease**
 - Under Procedure section included criteria related to tissue-specific or tumor testing; added Documentation Requirements in Section #2; added criteria to the When Services Are Not Covered section; in the Operational Guidelines section, revised to indicate the policy will be applied post-payment; updated the summary of literature; updated the Reference section and removed the hyperlinks from all references.
- **MP-029-MD-DE Passive Oscillatory Devices**
 - Revisions: Clarified medical necessity guidelines; removed hyperlinks from all references, added new reference; removed the word ‘Covered’ from the procedure and diagnosis tables in Attachment B & C; updated ICD-10 coding with F71.00-G71.09 effective 10/1/2018; Section 4 added information regarding device upgrades as not medically necessary.
- **MP-069-MD-DE Home Oxygen Therapy**
 - Revisions: No clinical guideline changes; under Group 1 Initial Certification: updated limit of six months to 12 months and under Group 2 updated initial certification limit from six months to 3 months; removed hyperlinks from Reference Section.

*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.