

PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

Highmark Health Options Medical Policies with November 15, 2018 Effective Date

Annual Review DE Medicaid medical policies:

- **MP-003-MD-DE Fetal Aneuploidy – REVISIONS:**
 - Added a commercially available test to Procedures Section 1;
 - Added and rearranged the criteria to Procedures section 2.A., 2.B., 2.K.;
 - expanded and updated Summary of Literature;
 - Removed ‘COVERED’ from procedure codes and diagnosis codes;
 - Expanded and added literature to *Governing Bodies Approval* section;
 - Added references;
 - Removed all hyperlinks in the reference section.

- **MP-018-MD-DE Genetic Testing for Colorectal Cancer – REVISIONS:**
 - Added MP-062-MD-PA as new related medical policy in title box;
 - Updated CPT description of 81435 & 81436;
 - Added procedure 81210 as covered code in Attachment B;
 - Revised Summary of Literature with the removal of fecal DNA testing as not appropriate for this policy;
 - Updated Summary of Literature;
 - Removed all reference article direct links in the Reference section and updated NCCN reference.

- **MP-020-MD-DE Place of Service – REVISIONS:**
 - Removed the word ‘Covered’ from the procedure code table in Attachment B;
 - Removed hyperlinks; -
 - No other changes made to the policy.

- **MP-052-MD-DE Breast Reconstruction – REVISIONS:**
 - Added ‘Immediate or delayed’ to Bullet 1 under Procedures and added procedure TDAP to list of covered procedures;
 - Removed the word ‘Covered’ from the procedure and diagnosis code tables in Attachments B & C;
 - Under procedure codes in Attachment B, added: 11950, 11951, 11952, 11954 and 20926 as eligible;
 - Added procedure codes C1789, Q4122, & Q4130 to Attachment B;
 - Formatting changes;
 - Added ICD-10 diagnosis codes: T85.79XD and T85.79XS (Initial code was listed but not subsequent or sequela for code T85.79X);
 - Removed the hyperlinks from the references.

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- **MP-053-MD-DE Carpal Tunnel Surgery – REVISIONS:**
 - Revised the policy title;
 - Added new definitions;
 - Updated criteria language in Procedures section #1, #1.B. 2.), #1.D.;
 - Updated Summary of Literature with current research;
 - Added references and removed hyperlinks.

- **MP-054-MD-DE Enteral Feeding In-Line Cartridge – REVISIONS:**
 - Added Governing Bodies updated 510(k) information;
 - Added FDA literature to Summary of Literature and Rationale;
 - Added references;
 - Added HCPCS NOC code and New 2018 HCPCS code for *In-line cartridge Enteral containing digestive enzyme(s) for enteral feeding, each*;
 - Added language for ages 5-21 with diagnosis of exocrine pancreatic insufficiency – Pg. 2 and Pg. 3;
 - Added an medical director review for statement for Procedure code section on Pg. 5;
 - Removed hyperlinks from reference section.

- **MP-057-MD-DE Cardiac Rehabilitation –REVISIONS:**
 - Corrected typographical error under Procedure #8;
 - Added separate note on eligibility of repeat cardiac rehabilitation services;
 - Removed the word ‘Covered’ from the procedure and diagnosis code tables in Attachments B & C;
 - Removed hyperlinks from the reference section;
 - Added Z95.81 to eligible diagnosis code table Attachment C;
 - Added 93797 as an eligible service in the procedure code table (Attachment B);
 - Added ICD-10 codes I21.A1 and I21.A9 as covered diagnosis codes (Attachment C).

- **MP-060-MD-DE Macular Degeneration -- REVISIONS:**
 - Added related policies;
 - Added note for referencing related policies;
 - #1 -Removed the VEGF drug therapies from the criteria and created a note to refer readers to pharmacy website;
 - #2 - Removed contraindications for VEGF drug therapies;
 - #3 - Updated language and added new non-covered indications;
 - #5 – Removed the VEGF place of service;
 - Governing Bodies Approval update;
 - Attachment A – Updated summary of literature and Removed Table 1 to reflect VEGF drug therapy removal;
 - Updated the PDT therapy criteria in 1.A. to reflect the FDA guidelines.

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- **MP-061-MD-DE Molecular Tumor Marker for NSCLC – REVISIONS:**
 - Added criteria to Procedures section 1 (1.F. and 1.G.);
 - Added data on BRAFV600 mutation to summary of literature;
 - Updated formatting;
 - Removed the word ‘Covered’ from Covered Procedure Codes and Covered Diagnosis Codes in the Attachments list;
 - Added CPT code 81210 for BRAFV600 mutation testing; Removed CPT codes 88342, 88363, AND 88365;
 - Added new references;
 - Removed hyperlinks from all references.

- **MP-062-MD-DE BRAF –REVISIONS:**
 - Corrected typographical error in Diagnosis Code table (Attachment C) by changing C17.0 to C17.1 for malignant neoplasm of jejunum;
 - Removed the word ‘Covered’ from the procedure and diagnosis code tables in Attachments B & C;
 - Corrected PARP approval date in Policy History box;
 - Revised ‘Related Policy Numbers’ on page 1;
 - Added Hairy Cell Leukemia as a covered indication under the Procedure section;
 - Updated the diagnosis codes for HCL –C91.40, C91.41 & C91.42;
 - Updated the Reference Sources section;
 - Removed the hyperlinks in all the references.

- **MP-063-MD-DE Genetic Testing for Warfarin Therapy – REVISIONS:**
 - Attachment C has been titled informational;
 - Added CMS position to the summary of literature;
 - Updated references.

- **MP-065-MD-DE Molecular Markers in Evaluation of Thyroid Nodules (AFIRMA) – REVISIONS:**
 - Updated procedure section 1.D.;
 - Removed the word ‘Covered’ from the procedure and diagnosis code tables in Attachments B & C;
 - Reformatted non-covered section #3;
 - Updated the summary of literature;
 - Updated references to include new references and edit existing references;
 - Removed the hyperlinks from all references.

- **MP-066-MD-DE Fecal Microbiota Transplant – REVISIONS:**
 - Reorganized criteria in the Procedure section and added documentation requirement of positive stool test;
 - Removed the word ‘Covered’ from the procedure and diagnosis code tables in Attachments B & C;
 - Updated Summary of Literature;
 - Under Reference section removed hyperlinks to all references

Revised Policies Effective November 15, 2018

Revised DE Medicaid medical policies

- **MP-004-MD-DE Bariatric Surgery RETRO EFFECTIVE: 08/01/2018**
 - 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;
 - Deleted invalid diagnosis codes N46.1 & N97 from Non-covered Diagnosis Code table in Attachment C.
- **MP-049-MD-DE Implantable Cardioverter Defibrillator/Subcutaneous Implantable Cardioverter Defibrillator (ICD/S-ICD) RETRO EFFECTIVE: 05/15/2018**
 - Deleted procedure codes 33282, 33284 & C1764 as not appropriate for this policy;
 - Revised place of service from inpatient to outpatient.
- **MP-071-MD-DE Non-oncologic genetic testing panels POLICY OVERHAUL:**
 - Removed the word 'Covered' from the procedure and diagnosis code tables in Attachments B & C;
 - Title changed to Non-oncologic Genetic Testing Panels;
 - Added reference to several related medical policies;
 - Added multiple non-oncologic procedure codes as eligible in Attachment B;
 - Multiple oncologic related procedure codes in Attachment B were deleted and non-oncologic procedure codes were added.

*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.