PROVIDENCE Health Plan

Healthcare Services Medical & Pharmacy Policy Alerts

Number 238

August 1, 2019

This is the August 1, 2019 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-and-provider-information/

The Provider Alert, Prior Authorization Requirements, and Medical policies are all available on ProvLink and through the link above.

PROVIDENCE Health Plan

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

MEDICAL POLICY COMMITTEE

New Policies and/or Major Criteria Changes

Effective August 1, 2019

Genetic Testing: CADASIL Disease GT405
 	
Previously: Genetic Testing: CADASIL Disease (All Lines of Business Except Medicare)
	Annual Update
	The following changes have been made this update:
	• This policy will now apply to all lines of business.
	  ○ The Medicare LCD addressing genetic testing of the NOTCH3 gene for diagnostic purposes has now been retired. Therefore, the diagnostic criterion (II.) in this policy will now apply to all lines of business.
	  ○ Genetic testing of asymptomatic individuals remains non-covered for Medicare. Therefore, criteria for testing in this situation differs by line of business.
	  ○ Note: The Medicare version of this policy will be archived when this policy becomes effective.
	• Added genetic counseling criterion (I.), which will apply to all lines of business. Also added accompanying counseling information in the Policy Guidelines section.
	• Revised criteria for diagnostic testing based on recently published diagnostic studies and revised current diagnostic recommendations:
	  ○ Criterion II.B.:
	  ▪ Removed the requirement that the family history be consistent with an autosomal dominant pattern of inheritance. While family history consistent with autosomal dominant inheritance is suggestive, lack of an apparent family history of CADASIL does not preclude the diagnosis, as affected family members may have been misdiagnosed and de novo cases have been described.
	  ▪ Have liberalized on the family history, now only requiring that there be a family history of stroke or vascular dementia.
	  ○ Criterion II.C.: **Restriction** Added the requirement that brain imaging must indicate the presence of white matter hyperintensity lesions.
	  ○ Criterion II.D.: Have modified the criteria slightly to indicate the both apathy and mood disturbances fall under the larger umbrella of "psychiatric disturbances".

Effective October 1, 2019

Genetic Testing: Gene Expression Profile Testing for Melanoma (All Lines of Business Except Medicare) GT442	**New Policy** Created a new policy that has medical necessity criteria for the DecisionDx-UM gene expression profile (GEP) test for uveal melanoma. These criteria are based on the manufacturer's intended use and the current National Comprehensive Cancer Network (NCCN) guidelines. All other GEPs for uveal melanoma are considered investigational. All GEPs for cutaneous melanoma are considered investigational, including but not limited to DecisionDx-Melanoma, Pigmented Lesion Assay (PLA) and myPath Melanoma. **Codes:** The following codes have been added to the policy. • Three test-specific codes:

	○ The 0081U code for the DecisionDx-UM test came out 1/1/19, but was only set up with a frequency limit. This code will require a PA. ○ The two new codes for the PLA and myPath test will be effective 7/1/19 and will deny as E/I per the Investigational and Non-Covered Medical Technologies policy until this policy becomes effective. • One non-specific molecular pathology code has been added. This code already requires a PA. • Three unlisted codes have been added to the policy.
Genetic Testing: Gene Expression Profile Testing for Melanoma (Medicare Only) GT443	**New Policy** New Medicare policy was created for gene expression profile tests for melanoma that differs from the commercial policy in the following ways: • Medical necessity criteria for uveal melanoma are slightly different (see policies). • Medicare allows for the DecsionDx-Melanoma test for cutaneous melanoma, provided the medical necessity criteria are met. The commercial policy considers this test investigational. **Codes:** Identical codes/set-up as the commercial policy. Please see the Coding section of the commercial policy above.
Urine Drug Testing for Therapeutic or Substance Abuse Monitoring (All Lines of Business Except Medicare) LAB361	**Interim Update** This policy has undergone an interim update, and the following changes were made: • The location edits have been removed from the medical policy and effective 10/1 are addressed on a payment policy (#28.0, Urine Drug Testing). ○ Added a note at the top of the medical policy to please reference the payment policy for additional payment and coding restrictions. • FYI—new restrictions/liberalizations that will be on the payment policy ○ Presumptive drug testing by instrument chemistry analyzers (CPT code 80307) is now considered not covered because there are other less costly alternatives as likely to produce equivalent diagnostic results (e.g., CPT code 80305/6). ○ Added the emergency department (location code 23), federally qualified health center (location 50), rural health clinic (location 71), independent clinic (location 49), and public health clinic (location 71) as allowable locations for presumptive UDT. **Codes:** • No codes added or removed. • 80307 will now deny • Location 23 (emergency department) will now be an allowable location for 80305 and 80306 (presumptive UDT)

Archive

Effective August 1, 2019

Genetic Testing: CADASIL Disease (Medicare Only) GT406	**Archive Policy** • The Medicare LCD addressing genetic testing of the NOTCH3 gene for diagnostic purposes has now been retired. • Archival of the Medicare policy and add the non-coverage criteria for screening of asymptomatic individuals to the commercial policy (above).

	• Therefore, diagnostic criteria for symptomatic patients will be the same for all lines of business. However, screening of asymptomatic individuals will differ by line of business.

No Major Criteria Changes

Effective August 1, 2019

Bone Growth Stimulators (All Lines of Business Except Medicare) MED149	**Annual Update** The following have been added to the list of investigational/non-covered indications: • Ultrasound Bone Growth Stimulator (UGBS) when used as an adjunct to surgical treatment in fractures that did not heal following conservative treatment (must meet criterion IX. B.). • UBGS for the treatment of a non-union of a surgical arthrodesis • Noninvasive, non-spinal electrical bone growth stimulation (EGBS) as an adjunct to fusion, or for the treatment of a failed fusion ***and/or fracture in the immediate post-operative period. (*language added*)*** • Noninvasive EGBS as an adjunct to fusion, or for the treatment of a failed fusion for indications other than fracture (e.g., osteoarthritis) • Noninvasive EGBS for treatment of osteonecrosis (avascular necrosis of bone) No change to the following medical necessity criteria: • Invasive and noninvasive electrical bone growth stimulators (EBGS) as an adjunct to lumbar spinal fusion. • Noninvasive spinal EBGS for the treatment of failed lumbar or cervical spinal fusion • Noninvasive spinal EBGS for the treatment of nonunion fractures or congenital pseudoarthroses • Ultrasound bone growth stimulation (USBGS) for treatment of nonunion fracture
Bone Growth Stimulators (Medicare Only) DME 409	**Annual Update** LCD has been updated but with no relevant changes in language or coverage.
Genetic Testing: Pharmacogenetic Testing (All Lines of Business Except Medicare) GT306 And **Genetic Testing: Pharmacogenetic**	**Interim Updates** All Lines of Business Except Medicare: To be in-line with PHP Pharmacy and the FDA indications for a new drug for multiple sclerosis (MAYZENT®, siponimod), we will now allow for CYP2C9 genotyping for this indication/drug combination. Medicare Only**:** Current Noridian Local Coverage Determination (LCD) (L36312) (updated 1/1/2019) only allows for CYP2C9 testing for patients who are candidates for anticoagulation therapy with warfarin. The LCD states "All other coverage for genetic testing for the CYP2C9 gene is considered investigational at this time."

Testing (Medicare Only) **GT423**	
Genetic Testing: BCR-ABL1 Negative Myeloproliferative Neoplasms (All LOB Except Medicare) **GT400**	**Annual Update** No change to the current criteria. **Codes:** Added one code for JAK2 gene testing (0027U). It will require a PA.
Genetic Testing: BCR-ABL1 Negative Myeloproliferative Neoplasms (Medicare Only) **GT399**	**Annual Update** No change to the current criteria. Billing guidelines for BCR-ABL translocation testing have been added, per the updated Noridian LCA (A5560). **Codes:** Added one code for JAK2 gene testing (0027U). It will require a PA. **NCD/LCD/LCA:** One LCA was removed from the policy, as it has been retired. The remaining two LCDs and one LCA have been updated to the current version, but have had no changes to the criteria.

Vendor Updates

Effective November 10, 2019

AIM Specialty Health℠ (AIM) is pleased to provide enhancements to the AIM Clinical Appropriateness Guidelines. The following updates, part of the annual review of AIM's Radiology Program guidelines, enhance the guideline text related to Oncologic, Vascular and Cardiac Imaging. As always, these enhancements are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services.

Oncologic Imaging Guideline contains updates to the following:

- Colorectal cancer, germ cell tumors, kidney cancer, multiple myeloma, prostate cancer and cancers of unknown primary / cancers not otherwise specified,
- Added new sections on hepatobiliary cancer and suspected metastases
- Added allowance for MRI and/or MRCP for Diagnostic Workup of hepatocellular carcinoma, intrahepatic cholangiocarcinoma, and extrahepatic cholangiocarcinoma
- Added allowance for PET "When standard imaging prior to planned curative surgery for cholangiocarcinoma has been performed and has not demonstrated metastatic disease"

Vascular Imaging Guideline contains updates to the following:

- Brain, Head and Neck: Aneurysm - intracranial, Aneurysm - extracranial, Arteriovenous malformation (AVM) and fistula (AVF), Fibromuscular dysplasia, Hemorrhage - intracranial, Stenosis or occlusion - extracranial, Stenosis or occlusion - intracranial, stroke and Venous thrombosis or compression - intracranial
- Chest: Acute aortic syndrome, Aortic aneurysm, Pulmonary artery hypertension

- Abdomen and Pelvis: Acute aortic syndrome, Aneurysm of the abdominal aorta or iliac arteries, Hematoma/hemorrhage within the abdomen or unexplained hypotension, Renal artery stenosis (RAS)/Renovascular hypertension, Venous thrombosis or compression – intracranial, Stenosis or occlusion of the abdominal aorta or branch vessels, not otherwise specified
- Upper Extremity: Peripheral arterial disease, Venous thrombosis or occlusion
- Lower Extremity: Added Physiologic testing for peripheral arterial disease and further defined indications for classic presenting symptoms of lower extremity peripheral arterial disease
- Added arterial ultrasound guideline content (currently published in a separate guideline)
- Aligned peripheral arterial ultrasound with advanced vascular imaging criteria

Imaging of the Heart Guideline contains updates to the following:

- Blood Pool Imaging: Changes address appropriate evaluation and surveillance of LV function in patients following cardiac transplantation. Additional language is more restrictive based on the literature and aligns with the resting transthoracic echocardiography guideline.
- Cardiac CT: Quantitative evaluation of coronary artery calcification has been revised with new more expansive language based on review of the literature.

PHARMACY & THERAPEUTICS COMMITTEE
No Updates