

Healthcare Services Medical & Pharmacy Policy Alerts

Number 240

October 1, 2019

This is the **October 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.

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

MEDICAL POLICY COMMITTEE

New Policies and/or Major Criteria Changes

Effective October 1, 2019

Genetic Testing: Gene Expression Profiling for Melanoma (Medicare Only) GT443	<p>New Policy Update Since this policy went to MPC in July (with a 10/1 effective date), Medicare released another LCD addressing the MyPath Melanoma Assay. "The purpose of this test is to assist dermatopathologists to properly and accurately diagnose the melanomas versus the non-melanomas when examining skin biopsies." Medicare will allow "limited coverage" for MyPath when criteria are met. The policy was updated to include this new LCD and the code for this test (0090U) will also be reconfigured to remove the E/I denial and add PA. Codes/PA: E/I denial will be removed from 0090U code and PA will be added. Effective Date: The policy effective date is 10/1/2019; however, the LCD went into effect 6/3/2019. We will reprocess any denied claims for the 0090U code.</p>
Prostate: Water Vapor Thermotherapy for Benign Prostatic Hyperplasia (All Lines of Business Except Medicare) SUR443	<p>New Policy</p> <ul style="list-style-type: none"> • This treatment is currently denying per our Investigational and Non-Covered Medical Technologies policies (both commercial and Medicare). However, there has been increased utilization of this procedure; therefore: <ul style="list-style-type: none"> ○ A policy has been created to address this procedure as investigational for all lines of business except Medicare; and ○ We will pay the CPT code (53854) for Medicare lines of business • Evidence is insufficient to support the use of Rezum for the treatment of benign prostatic hyperplasia; therefore, this treatment is considered investigational and not covered.

Effective November 1, 2019

Urine Drug Testing for Therapeutic or Substance Abuse Monitoring (All Lines of Business Except Medicare) LAB361	<p>Interim Update</p> <ul style="list-style-type: none"> • We will now allow for presumptive UDT (80305-80307) performed at any place of service. • We will only allow for definitive UDT (G0480-G0481) when: <ul style="list-style-type: none"> ○ Performed at an independent lab or outpatient hospital (<i>payment policy</i>); and ○ When preceded by presumptive testing (<i>medical policy</i>). <u>Note:</u> There will be an edit in place to deny a definitive drug testing claim if there is not a presumptive claim on file. ○ Definitive testing will also have a quantity limit of 14 tests in a 12-month period (<i>payment policy</i>)
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<p>Back: Fusion and Decompression Procedures SUR120</p> <p><i>Previously: Back: Cervical and Thoracic Spine Surgery & Back: Lumbar Spine Surgery</i></p>	<p>Annual Update</p> <p><u>Major Changes:</u> significant changes and clarifications.</p> <ul style="list-style-type: none"> Criteria for fusion and decompression procedures for all spinal levels are now combined in one policy Criteria is divided up by cervical and thoracic/lumbar spinal levels <p><i>Cervical</i></p> <ul style="list-style-type: none"> Criterion I.B. (liberalization) No longer specify a 6-week minimum course of conservative care prior to cervical laminectomy (and/or anterior cervical decompression and fusion). Criterion II. (restriction/clarification) Specifies several indications for which we would cover a cervical spinal fusion for the treatment of spinal instability. The current policy does not specify indications. Removal from current policy: “Neck or back pain alone in a degenerative spine is not a consideration for surgery; however, extreme cases will be considered on a case-by-case basis when all conservative measures have failed and there is significant disability from pain.” <p><i>Thoracic/Lumbar</i></p> <ul style="list-style-type: none"> Criterion III.B. (liberalization): Does not specify a 6-week minimum course of conservative care prior to thoracic or lumbar laminectomy. Removal from current policy: For lumbar laminectomy/discectomy: “oral steroids should be tried in most cases where there is an acute herniation.” Criterion IV. (restriction/clarification): Specifies several indications for which we would cover a thoracic or lumbar spinal fusion for the treatment of spinal instability. The current policy just states “fusion surgery should be limited to significant spondylolisthesis or other major back deformities.” Removal from current policy: “Absence of medical conditions that would exclude major surgery and recovery for candidates who are usually aged and possibly frail.” <p>Criterion V. Addition: Vertebral corpectomy may be considered medically necessary when confirmed by imaging for tumors, fractures, stenosis, or retracted bone fragments</p> <p><u>No Changes</u></p> <ul style="list-style-type: none"> Percutaneous and endoscopic spinal fusion or decompression procedures remain non-covered Of note, the Dynesys Dynamic Stabilization System is now addressed as non-covered on our “Back: Stabilization Devices and Interspinous Spacers” policy; therefore, it is no longer included in this policy. Smoking cessation 4 weeks prior to and 3 months after lumbar spinal fusion. <ul style="list-style-type: none"> Added that “laboratory testing” (not just “testing”) for compliance may be required by Medical Director.
<p>Back: Sacroiliac Joint Fusion or Stabilization (All LOB Except Medicare) SUR132</p>	<p>Annual Update</p> <ul style="list-style-type: none"> <i>Percutaneous/Minimally invasive sacroiliac joint fusion (e.g. iFuse) now covered as medically necessary.</i> Criteria taken from the NASS coverage guideline for percutaneous SI joint fusion. No changes to open SI joint fusion criteria

Back: Sacroiliac Joint Fusion or Stabilization (Medicare Only) SUR410	Annual Update <i>Policy criteria have been moved into new Medicare medical policy format.</i> No changes in coverage language. Separate policies due to differences in coverage criteria for percutaneous/minimally invasive SI joint fusion surgery. Open SI joint fusion surgery not addressed by Medicare; therefore, we will follow commercial policy.
Sleep Disorder Treatment: Surgical (All Lines of Business Except Medicare) SUR342 <i>Previously: Sleep Apnea: Surgical Treatments</i>	Annual Update The following changes to medical necessity criteria have been made: <ul style="list-style-type: none"> • Added note to policy that criteria do not apply to patients 17 years or younger. This is in-line with our other sleep disorder breathing treatment policy. • Criterion I. – (combined): UPPP, hyoid myotomy and suspension with or without osteotomy and/or genioglossus advancement, and mandibular-maxillary advancement (MMA): <ul style="list-style-type: none"> ○ Combined due to shared criteria for each treatment. • Criterion III. – (new) Hypoglossal nerve stimulation now covered • No longer addressing tracheostomy. • Criterion V. – Non-Covered Procedures list <ul style="list-style-type: none"> ○ Laser-assisted uvulopalatoplasty (LAUP) ○ Radiofrequency Volume Tissue Reduction (RFVTR) of the soft palate, uvula, tongue base or turbinates (e.g. Somnoplasty™) ○ RF reduction of turbinates previously covered (criterion V.), will now deny E/I ○ Palatal stiffening procedures/Palatal implants (e.g. the Pillar Procedure™) ○ Tongue suspension systems (e.g. AIRvance® or Encore™)
Sleep Disorder Treatment: Surgical (Medicare Only) SUR442	New Policy <i>Policy criteria have been moved into new Medicare medical policy format.</i> New policy due to coverage differences: <ul style="list-style-type: none"> • Radiofrequency reduction of turbinates covered by Medicare, will deny investigational for commercial CMS: <ul style="list-style-type: none"> • Local Coverage Determination (LCD): Surgical Treatment of Obstructive Sleep Apnea (OSA) (L34526). • Local Coverage Determination (LCD): Non-Covered Services (L35008).

No Major Criteria Changes

Effective October 1, 2019

Varicose Veins (All LOB Except Medicare) SUR 364	Annual Update No changes to criteria. The following treatments remain medically necessary: <ul style="list-style-type: none"> • Ligation/excision/stripping • Subfascial Endoscopic Perforating Vein Surgery (SEPS)
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	<ul style="list-style-type: none"> • Ambulatory Phlebectomy • Endovenous Ablation (Laser or Radiofrequency) • Foam Sclerotherapy <p>The following remain not medically necessary, investigational or cosmetic:</p> <ul style="list-style-type: none"> • Transilluminated powered phlebectomy (TIPP) • Mechanochemical Endovenous Ablation (MOCA) • Cryoablation • Endovascular Embolization with a Cyanoacrylate Adhesive (e.g. VenaSeal) • Treatment of telangiectasias or reticular veins • Treatment of asymptomatic varicose veins • Liquid sclerotherapy • Photothermal sclerosis
Varicose Veins (Medicare Only) SUR381	<p>Annual Update No changes in relevant coverage documents. <i>Policy criteria have been moved into new Medicare medical policy format.</i></p> <p>CMS:</p> <ul style="list-style-type: none"> • Local Coverage Determination (LCD): Treatment of Varicose Veins of the Lower Extremities (L34010) • Local Coverage Article (LCA): Sclerosing of Varicose Veins (A53079)

Effective December 1, 2019

Liver Tumor Treatment SUR 273	<p>Annual Update No major criteria changes. One new investigational criterion XI: TACE or radioembolization for the treatment of hepatic metastases from breast cancer, regardless of the presence of extrahepatic disease.</p> <p>LOB: All lines of business</p> <p>Codes: Several codes removed (77767, 77768, 77770, 77771, 77772).</p> <p>PA: 37243 now set up to only require PA paired with diagnosis codes for liver malignancy. Diagnosis codes listed in billing guidelines.</p>
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Interim Coding Updates

Effective October 1, 2019

Exhaled Breath Tests (All Lines of Business Except Medicare) &	<p>Interim Coding Update New code 0106U will deny investigational per our Exhaled Breath Test policies.</p> <p>PA/Codes: E/I denial</p>
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Exhaled Breath Tests (Medicare Only)	0106U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion																																					
Skin and Tissue Substitutes	<p>Interim Coding Update Adding new 10/1 codes PA/Codes: <u>PA</u></p> <table border="1" data-bbox="380 427 1161 521"> <tr> <td data-bbox="380 427 485 467">Q4205</td> <td data-bbox="485 427 1161 467">Membrane graft or membrane wrap, per square centimeter</td> </tr> <tr> <td data-bbox="380 467 485 521">Q4206</td> <td data-bbox="485 467 1161 521">Fluid flow or fluid GF, 1 cc</td> </tr> </table> <p><u>E/I</u></p> <table border="1" data-bbox="380 553 1738 1174"> <tr> <td data-bbox="380 553 485 594">Q4208</td> <td data-bbox="485 553 1738 594">Novafix, per square centimeter</td> </tr> <tr> <td data-bbox="380 594 485 634">Q4209</td> <td data-bbox="485 594 1738 634">Surgraft, per square centimeter</td> </tr> <tr> <td data-bbox="380 634 485 675">Q4210</td> <td data-bbox="485 634 1738 675">Axolotl graft or axolotl dualgraft, per square centimeter</td> </tr> <tr> <td data-bbox="380 675 485 716">Q4211</td> <td data-bbox="485 675 1738 716">Amnion bio or Axobiomembrane, per square centimeter</td> </tr> <tr> <td data-bbox="380 716 485 756">Q4212</td> <td data-bbox="485 716 1738 756">Allogen, per cc</td> </tr> <tr> <td data-bbox="380 756 485 797">Q4213</td> <td data-bbox="485 756 1738 797">Ascent, 0.5 mg</td> </tr> <tr> <td data-bbox="380 797 485 837">Q4214</td> <td data-bbox="485 797 1738 837">Cellesta cord, per square centimeter</td> </tr> <tr> <td data-bbox="380 837 485 878">Q4215</td> <td data-bbox="485 837 1738 878">Axolotl ambient or axolotl cryo, 0.1 mg</td> </tr> <tr> <td data-bbox="380 878 485 919">Q4216</td> <td data-bbox="485 878 1738 919">Artacent cord, per square centimeter</td> </tr> <tr> <td data-bbox="380 919 485 959">Q4217</td> <td data-bbox="485 919 1738 959">Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter</td> </tr> <tr> <td data-bbox="380 959 485 1000">Q4218</td> <td data-bbox="485 959 1738 1000">Surgicord, per square centimeter</td> </tr> <tr> <td data-bbox="380 1000 485 1040">Q4219</td> <td data-bbox="485 1000 1738 1040">Surgigraft-dual, per square centimeter</td> </tr> <tr> <td data-bbox="380 1040 485 1081">Q4220</td> <td data-bbox="485 1040 1738 1081">BellaCell HD or Surederm, per square centimeter</td> </tr> <tr> <td data-bbox="380 1081 485 1122">Q4221</td> <td data-bbox="485 1081 1738 1122">Amniowrap2, per square centimeter</td> </tr> <tr> <td data-bbox="380 1122 485 1162">Q4222</td> <td data-bbox="485 1122 1738 1162">Progenamatrix, per square centimeter</td> </tr> <tr> <td data-bbox="380 1162 485 1174">Q4226</td> <td data-bbox="485 1162 1738 1174">MyOwn skin, includes harvesting and preparation procedures, per square centimeter</td> </tr> </table>			Q4205	Membrane graft or membrane wrap, per square centimeter	Q4206	Fluid flow or fluid GF, 1 cc	Q4208	Novafix, per square centimeter	Q4209	Surgraft, per square centimeter	Q4210	Axolotl graft or axolotl dualgraft, per square centimeter	Q4211	Amnion bio or Axobiomembrane, per square centimeter	Q4212	Allogen, per cc	Q4213	Ascent, 0.5 mg	Q4214	Cellesta cord, per square centimeter	Q4215	Axolotl ambient or axolotl cryo, 0.1 mg	Q4216	Artacent cord, per square centimeter	Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter	Q4218	Surgicord, per square centimeter	Q4219	Surgigraft-dual, per square centimeter	Q4220	BellaCell HD or Surederm, per square centimeter	Q4221	Amniowrap2, per square centimeter	Q4222	Progenamatrix, per square centimeter	Q4226	MyOwn skin, includes harvesting and preparation procedures, per square centimeter
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Viscosupplementation (All Lines of Business Except Medicare)	<p>Interim Coding Update New codes will deny not medically necessary per our Viscosupplementation policy PA/Codes: NMN denial</p> <table border="1" data-bbox="380 1271 1604 1365"> <tr> <td data-bbox="380 1271 512 1312">J7331</td> <td data-bbox="512 1271 1604 1312">Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg</td> </tr> <tr> <td data-bbox="380 1312 512 1365">J7332</td> <td data-bbox="512 1312 1604 1365">Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg</td> </tr> </table>			J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg																																
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Viscosupplementation (Medicare Only)	<p>Interim Coding Update</p>																																						

	<p>New codes will pay only with osteoarthritis diagnosis codes per our Viscosupplementation policy PA/Codes: Pair to pay with osteoarthritis diagnosis codes</p> <table border="1"> <tr> <td>J7331</td> <td>Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg</td> </tr> <tr> <td>J7332</td> <td>Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg</td> </tr> </table>		J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg		
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<p>Genetic Testing: Pharmacogenetic Testing (All Lines of Business Except Medicare) & Genetic Testing: Pharmacogenetic Testing (Medicare Only)</p>	<p>Interim Coding Update New code will PA per our Pharmacogenetic Testing policies LOB: All LOBs PA/Codes: PA</p> <table border="1"> <tr> <td>0111U</td> <td>Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis, utilizing formalin-fixed paraffin-embedded tissue</td> </tr> </table>		0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis, utilizing formalin-fixed paraffin-embedded tissue				
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<p>Prostate: Protein Biomarkers and Genetic Tests (All Lines of Business Except Medicare) & Prostate: Protein Biomarkers and Genetic Tests (Medicare Only)</p>	<p>Interim Coding Update These tests are already addressed on the policies as investigational. New codes for test will deny investigational. PA/Codes: E/I</p> <table border="1"> <tr> <td>0113U</td> <td>Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score</td> </tr> <tr> <td>0133U</td> <td>Hereditary prostate cancer–related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)</td> </tr> </table>		0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	0133U	Hereditary prostate cancer–related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)		
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<p>Cardiac Disease Risk Screening (All Lines of Business Except Medicare) & Cardiac Disease Risk Screening (Medicare Only)</p>	<p>Interim Coding Update New code for cardiac risk screen test will deny E/I per Cardiac Risk Screens policies. PA/Codes: E/I</p> <table border="1"> <tr> <td>0119U</td> <td>Cardiology, ceramides by liquid chromatography–tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events</td> </tr> </table>		0119U	Cardiology, ceramides by liquid chromatography–tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events				
0119U	Cardiology, ceramides by liquid chromatography–tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events							
<p>Genetic Testing: Non-Covered Genetic Panel Tests (All Lines of Business Except Medicare)</p>	<p>Interim Coding Update All of the following codes will deny per our Non-Covered Genetic Panel Test policies. Several of the panels below were already addressed per these policies and now have a specific code. PA/Codes: E/I</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> <th>Panel Test Name</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Code	Description	Panel Test Name			
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& Genetic Testing: Non-Covered Genetic Panel Tests (Medicare Only)	0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter	Lymph3Cx Lymphoma Molecular Subtyping Assay, Mayo Clinic
	0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)	ColoNext(R), Ambry Genetics
	0131U	Hereditary breast cancer–related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	BreastNext®, Ambry Genetics
	0132U	Hereditary ovarian cancer–related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	OvaNext®, Ambry Genetics
	0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)	CancerNext®, Ambry Genetics
	0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	GYNPlus®, Ambry Genetics

<p>Genetic Testing: Reproductive Planning and Prenatal Testing (All Lines of Business Except Medicare) & Genetic Testing: Reproductive Planning and Prenatal Testing (Medicare Only)</p>	<p>Interim Coding Update New code for prenatal trisomy testing. Will PA per both prenatal GT policies. PA/Codes: PA</p> <table border="1" data-bbox="386 272 1602 373"> <tr> <td data-bbox="386 272 516 373">0124U</td> <td data-bbox="516 272 1602 373">Fetal congenital abnormalities, biochemical assays of 3 analytes (free beta-hCG, PAPP-A, AFP), time-resolved fluorescence immunoassay, maternal dried-blood spot, algorithm reported as risk scores for fetal trisomies 13/18 and 21</td> </tr> </table>	0124U	Fetal congenital abnormalities, biochemical assays of 3 analytes (free beta-hCG, PAPP-A, AFP), time-resolved fluorescence immunoassay, maternal dried-blood spot, algorithm reported as risk scores for fetal trisomies 13/18 and 21								
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<p>Genetic Testing: Hereditary Breast and Ovarian Cancer (All Lines of Business Except Medicare) & Genetic Testing: Hereditary Breast and Ovarian Cancer (Medicare Only)</p>	<p>Interim Coding Update New code for HBOC. Will PA per both HBOC policies. PA/Codes: PA</p> <table border="1" data-bbox="386 662 1602 927"> <tr> <td data-bbox="386 662 516 760">0129U</td> <td data-bbox="516 662 1602 760">Hereditary breast cancer–related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)</td> </tr> <tr> <td data-bbox="386 760 516 824">0137U</td> <td data-bbox="516 760 1602 824">PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)</td> </tr> <tr> <td data-bbox="386 824 516 927">0138U</td> <td data-bbox="516 824 1602 927">BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)</td> </tr> </table>	0129U	Hereditary breast cancer–related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)				
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0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)										
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)										
<p>Investigational and Non-Covered Medical Technologies (All Lines of Business Except Medicare) & Investigational and Non-Covered Medical Technologies (Medicare Only)</p>	<p>Interim Coding Update New codes, which will deny for all LOBS per the Investigational and Non-Covered Medical Technologies policies. PA/Codes: E/I</p> <table border="1" data-bbox="386 1024 1602 1388"> <tr> <td data-bbox="386 1024 516 1068">J1096</td> <td data-bbox="516 1024 1602 1068">Dexamethasone, lacrimal ophthalmic insert, 0.1 mg</td> </tr> <tr> <td data-bbox="386 1068 516 1112">J7314</td> <td data-bbox="516 1068 1602 1112">Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg</td> </tr> <tr> <td data-bbox="386 1112 516 1156">J7401</td> <td data-bbox="516 1112 1602 1156">Mometasone furoate sinus implant, 10 micrograms</td> </tr> <tr> <td data-bbox="386 1156 516 1323">0105U</td> <td data-bbox="516 1156 1602 1323">Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)</td> </tr> <tr> <td data-bbox="386 1323 516 1388">0107U</td> <td data-bbox="516 1323 1602 1388">Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method</td> </tr> </table>	J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	J7401	Mometasone furoate sinus implant, 10 micrograms	0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)	0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method
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0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method										

0108U	Gastroenterology (Barrett's esophagus), whole slide–digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer
0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species
0110U	Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene
0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus
0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
0116U	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA
0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood
0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood
0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling
0125U	Fetal congenital abnormalities and perinatal complications, biochemical assays of 5 analytes (free beta-hCG, PAPP-A, AFP, placental growth factor, and inhibin-A), time-resolved fluorescence immunoassay, maternal serum, algorithm reported as risk scores for fetal trisomies 13/18, 21, and preeclampsia

	0126U	Fetal congenital abnormalities and perinatal complications, biochemical assays of 5 analytes (free beta-hCG, PAPP-A, AFP, placental growth factor, and inhibin-A), time-resolved fluorescence immunoassay, includes qualitative assessment of Y chromosome in cell-free fetal DNA, maternal serum and plasma, predictive algorithm reported as a risk scores for fetal trisomies 13/18, 21, and preeclampsia	
	0127U	Obstetrics (preeclampsia), biochemical assays of 3 analytes (PAPP-A, AFP, and placental growth factor), time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	
	0128U	Obstetrics (preeclampsia), biochemical assays of 3 analytes (PAPP-A, AFP, and placental growth factor), time-resolved fluorescence immunoassay, includes qualitative assessment of Y chromosome in cell-free fetal DNA, maternal serum and plasma, predictive algorithm reported as a risk score for preeclampsia	
	0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	

Policy Archive

Back: Lumbar Spine Surgery	Archive Policy Criteria addressing surgical procedures of the lumbar spine have been moved into “Back: Fusion and Decompression Procedures” policy (above)
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PHARMACY & THERAPEUTICS COMMITTEE

Oregon Region P&T Committee Meeting

Go-Live Date: **Friday, November 01, 2019**

Health Plan Clinical Policy Changes:

Policy Name	Change Summary
Continuous Glucose Monitors for Personal Use (Non-professional)	Criteria was updated to reflect differences in traditional test strip requirements for different models of continuous glucose monitors for personal use.
Continuous Glucose Monitors for Personal Use (Non-professional) - Medicaid	The policy for Medicaid was separated from the Commercial and Medicare Part B policy. To promote affordability for this patient population, the criteria was updated to ensure there is a true medical need for these systems and that they are not being requested for

	convenience or lack of desire to use finger sticks. Criteria was updated to reflect differences in traditional test strip requirements for different models of continuous glucose monitors for personal use.
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