PROVIDENCE Health Plan

Healthcare Services Medical & Pharmacy Policy Alerts

Number 242

December 1, 2019

This is the December 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.

Recall Alert:

Medtronic has recalled remote controllers for MiniMed insulin pumps for potential cybersecurity risks. Please see FDA announcement (LINK) for more information.

PROVIDENCE Health Plan

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

MEDICAL POLICY COMMITTEE

New Policies and/or Major Criteria Changes

Effective January 1, 2020

Gender Affirming Surgical Interventions MED355
 	
Previously Titled: Gender Affirming Interventions
	Annual Update
	• The policy criteria are based on the WPATH Standards of Care Criteria
	• All gender determining pronouns have been removed in order for the criteria to be more inclusive of non-binary
	  ○ Criteria are now organized by surgery types
	
	Major Changes
	• ***Criterion removal (Criterion I. in current policy)*** The policy no longer addresses the use of hormonal drug therapy for the treatment of gender dysphoria
	• ***Criteria removal (Criteria II.C.2., II.D.2. III.D.2., III.E.2. in current policy):*** *Clinical records document a comprehensive evaluation with thorough discussions of the irreversible nature of the surgery and future fertility issues.* Not part of the WPATH Standards of Care criteria.
	• ***Criterion change/removal (Criterion II.E. in current policy):*** Hormone therapy prior to mammoplasty no longer an explicit criterion (recommended by WPATH to obtain better aesthetic results). A note has been added to the breast augmentation section to indicate this.
	• ***Criterion addition (V.)***: Address electrolysis epilation as medically necessary for surgical site preparation prior to gender affirming surgical interventions. Considered cosmetic for all other indications.
	• ***Criterion addition (VI):*** The use of a skin substitute as a component of a genital surgery may be medically necessary for surgical wound coverage prior to skin grafting. Hyperlinking to Skin Substitute policy. And update to the Skin Substitutes policy (criterion VIII. Traumatic Wounds) will be made to include skin substitutes as a component of genital surgery for surgical wound coverage prior to skin grafting.
	• ***Criterion removal (Criterion IV. In current policy):*** removed criterion addressing preservation of fertility as this is largely based on benefits and is not a surgical treatment for gender dysphoria. A note has been added to the top of the policy stating that "WPATH does not consider fertility preservation a treatment for gender dysphoria; therefore, it is not addressed in this policy. Applicable member benefits apply to requests for these services and take precedence over Medical Policy."
	• ***Criterion removal (Criterion V. in current policy)***
	  ○ All benefit (INTEL) language has been removed.
	  ○ All cosmetic and experimental/investigational language has been removed. Instead we state (**new criterion VII.**) "procedures not addressed in the criteria above require application of medical necessity criteria and may be considered cosmetic and not

	covered. Please reference other applicable medical policies for review and application of medical necessity criteria." Several other medical policies (e.g., Cosmetic and Reconstructive Procedures) are hyperlinked. • ***Criterion addition (VIII.):*** Reversal of gender affirming surgical interventions is considered not medically necessary. • Based on considerations/questions, added a Policy Guidelines section which addresses (1) the WPATH recommended minimum credentials for mental health professionals who work with adults present with gender dysphoria and (2) the referral letter requirements for gender affirming surgeries. ○ Hyperlinked to this section within the policy criteria
Stem Cell Therapy for Orthopedic Applications MED346	**Annual Update** No change to investigational status. **Codes/PA:** Adding the following two codes per the annual code set update. Both codes will deny as investigational. • 0565T: Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation • 0566T: Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral

Effective December 1, 2019

Exhaled Breath Tests (All LOB Except Medicare) MED250	**Annual Update** No change to criteria. All exhaled breath tests (i.e. hydrogen, gastric emptying, carbon dioxide, nitric oxide, exhaled breath condensate, carbon monoxide) remain investigational for all indications.
Exhaled Breath Tests (Medicare Only)	**Annual Update** No change to coverage criteria. Exhaled breath tests remain covered for Medicare members to detect lactose malabsorption and investigational for all other indications. • National Coverage Determination (NCD) for Diagnostic Breath Analyses (100.5) • Local Coverage Determination (LCD): Non-Covered Services (L35008)
Eye: Automated Evacuation of the Meibomian Glands MED221	**Annual Update** Evidence remains insufficient to support the clinical utility or safety of automated evacuation of meibomian glands (i.e., LipiFlow® Thermal Pulsation System) for the treatment of dry eye disease or meibomian gland dysfunction.
Gastroesophageal Reflux Disease: Endoscopic Treatments (All LOB Except Medicare) SUR228	**Annual Update** All endoscopic treatments for GERD remain non-covered. Transoral incisionless fundoplication (TIF) has been changed from investigational to not medically necessary, due to: 1. TIF has been FDA approved since 2007 2. There are several nonrandomized studies and a couple of RCTs; however, none have demonstrated long-term superiority over Nissen 3. Not medically necessary is consistent with our stance on LINX and POEM Of note, OHP will begin covering TIF 1/1/2020; however, we believe the evidence remains insufficient to change coverage.

Gastroesophageal Reflux Disease: Endoscopic Treatments (Medicare Only)	**Annual Update** No change to coverage. TIF remains medically necessary while all other endoscopic treatments for GERD remain investigational. **Effective Date:** 12/1/2019 **CMS:** • Local Coverage Determination (LCD): Endoscopic Treatment of GERD (L34659)
Investigational and Non-Covered Medical Technologies (All Lines of Business Except Medicare) MED288	**Interim Update** Removing E/I denial for absorbable perirectal spacer used during prostate cancer radiation therapy (i.e., SpaceOAR). There is a good RCT with 3-year results showing decreased rectal toxicity with the use of this spacer.
Occipital Nerve Stimulation (All Lines of Business Except Medicare) SUR292	**Annual Update** Evidence remains insufficient to support the use of electrical stimulation of the occipital nerve for all indications, including, but not limited to occipital neuralgia, cluster headaches or refractory migraine headache.

VENDOR UPDATES

Updates to AIM Advanced Imaging of the Abdomen and Pelvis Clinical Appropriateness Guidelines

Effective for dates of service on and after February 9, 2020, the following updates by section will apply to the AIM Advanced Imaging of the Abdomen and Pelvis Clinical Appropriateness Guidelines.

- Foreign body (Pediatric only), Gastrointestinal bleeding, Henoch-Schonlein purpura, Hematoma or hemorrhage – intracranial or extracranial, Perianal fistula/abscess (fistula in ano), Ascites, Biliary tract dilatation or obstruction , Cholecystitis, Choledocholithiasis, Focal liver lesion, Hepatomegaly, Jaundice, Azotemia, Adrenal mass, indeterminate, Hematuria, Renal mass, Urinary tract calculi, Adrenal hemorrhage, Adrenal mass, Lymphadenopathy, Splenic hematoma, Undescended testicle (cryptorchidism)
- Abdominal and/or pelvic pain
  - Combined pelvic pain with abdominal pain criteria in new “abdominal and/or pelvic pain” indication
  - Required ultrasound or colonoscopy for select adult patients based on clinical scenario
  - Ultrasound-first approach for pediatric abdominal and pelvic pain
- Lower extremity edema

  - Added requirement to exclude DVT prior to abdominopelvic imaging
- Splenic mass, benign, Splenic mass, indeterminate, Splenomegaly
  - Added new indications for diagnosis, management, and surveillance of splenic incidentalomas following the ACR White Paper (previously reviewed against “tumor, not otherwise specified”)
- Pancreatic mass
  - Separated criteria for solid and cystic pancreatic masses
  - Defined follow up intervals for cystic pancreatic masses
- Diffuse liver disease
  - Added criteria for MR elastography
- Inflammatory bowel disease
  - Limited requirement for upper endoscopy to patients with relevant symptoms
  - New requirement for fecal calprotectin or CRP to differentiate IBS from IBD
- Enteritis or colitis, not otherwise specified
  - Incorporated Intussusception (pediatric only), and Ischemic bowel
- Prostate cancer
  - Moved this indication to Oncologic Imaging Guideline

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines here.

PHARMACY & THERAPEUTICS COMMITTEE

None