

## Medical Policy

Medical Policy documents are available on the Aspirus Health Plan website to members and to providers without prior registration. The most current version of Medical Policy documents are accessible under the [Medical Policy section](#) on the Aspirus Health Plan website (<https://www.aspirushealthplan.com/>). (Click on Providers on the bottom of the page then choose Medical Policies).

If you wish to have paper copies of these documents, or you have questions, please contact the Medical Policy Department telephonically at (763) 847-3386 or online at [Heather.Hartwig-Caulley@AspirusHealthPlan.com](mailto:Heather.Hartwig-Caulley@AspirusHealthPlan.com).

### Prior Authorization List

- Dental, Coverage for Anesthesia: addition of HCPCS G0330
- Durable Medical Equipment – Continuous glucose monitoring system
  - added HCPCS E2103, S1034: deleted HCPCS K0554
- Durable Medical Equipment – Insulin infusion pump
  - added HCPCS E2102
- Fetal surgery in utero: replaced HCPCS S2049 with S2409
- Laboratory Testing
  - addition of CPTs 81418,81441,81449,81451,81456,0355U: deleted CPTs 81306,0236U,0333U,0338U
  - addition of CPTs 0091U, 0179U, 0306U, 0326U, 0333U, 0338U, 0356U, 0364U, 0376U, 0378U, 0379U
- Neurology – Sacral nerve stimulation: deleted CPTs 64590, 64595
- New/Emerging Technology – added reference to the new policy New/Emerging Technology/Health Care Services, Omnibus Code List (MP/N003)
- Oncology – Cryoablation/cryosurgery moved under Other Procedures/ Treatments
- Other Procedures/Treatments – Biofeedback: CPT 909012 replaced with CPT 90912
- Radiology/Radiation Therapy - Selective Internal Radiation Therapy with microspheres (SIRT): deleted CPT 37243
- Transplantation – Solid organ: deleted CPT code 48160

### Medical Clinical Policies

- New: New/Emerging Technology/Health Care Services, Omnibus Code List (MP/N003)
- Revisions (substantive clinical revisions)
  - Cryoablation/Cryosurgery for Oncology Indications (MC/I007) – revised medical necessity requirements for use in renal conditions
  - DMEPOS, CGM Systems for Long-term Use (MC/L008) – revised to reflect updates in AACE and ADA guidelines
  - Genetic Testing, Hereditary Cancer Syndromes (MC/L010) – revised to include updates to applicable NCCN guidelines
- Retired: None

### Medical/Surgical and Behavioral Health Services Investigative List

- Additions
  - Molecular testing, blood-based testing (including algorithmic analyses) of autoantibody or protein/proteomic biomarkers for differentiation of benign pulmonary nodule from malignant nodule, in lung cancer screening - Addition of 0360U as an excluded code (used for Nodify CDT)
  - Neurostimulation/electrical stimulation, trigeminal nerve – for attention-deficit/ hyperactivity disorder (ADHD) in pediatrics; non-invasive/external - Addition of K1016 as an excluded code when

submitted for this diagnosis

- Neurostimulation/electrical stimulation, vagus nerve – for prevention and treatment of headache; non-invasive/external - Addition of K1020 as an excluded code when submitted for this diagnosis
- Pharmacogenetic/pharmacogenomic testing
  - Under Cytochrome P450... addition of CYP2C9 and CPT 81227, as investigative
  - Under MTHFR genotyping for determining therapeutic response to antifolate chemotherapy and for guiding antidepressant therapy, added CPT 81291
  - Under SLCO1B1 genotyping to determine drug metabolizer status for all drugs, added CPT 81328
- Vertebral tethering for scoliosis (CAT III codes 0656T, 0657T)
- Deletions: Sacroiliac joint fusion (arthrodesis) open for low back pain due to sacroiliac joint syndrome, mechanical low back pain, degenerative sacroiliac joint, and radicular pain syndromes (CPT 27280)
- Revisions
  - Decipher Bladder TURBT - Renamed entry as Molecular pathology test for genetic analysis of bladder tumor
  - Genetic testing (DNA, mRNA [analytics]) by any method (eg, NGS [next-generation sequencing], Sanger sequencing, MLPA [multiplex ligation-dependent probe amplification], array CGH [comparative genomic hybridization]) for detection of variants of unknown significance in hereditary cancer - Deleted any notation of the proprietary name of the primary test, as these are not part of the investigative position (ColoNext®, BreastNext®, OvaNext®, ProstateNext®, CancerNext®, GYNPlus®)
  - Interferential current therapy and devices - Under Comments, added NexWave as another example of an investigative device
  - Laser therapy, low level - Under Comments, added Breathe as another example of this investigative device (also/previously known as Breathe Laser)
  - Molecular testing, circulating tumor cells/markers (ctDNA) or cell-free DNA (cfDNA) testing - Under Comments, added NavDx (cell-free DNA) 0356U as another example of investigative testing
  - Molecular testing, gene expression profiling and/or molecular testing for prostate cancer - Added IsoPSA 0359U
  - NMES and TENS combination - Under Comments, added NexWave as another example of an investigative device
  - Skin and Soft Tissue Substitutes - The range of non-covered HCPCS was extended to include Q4262, Q4263, Q4264 for Dual Layer Impax Membrane, SurGraft TL, and Cocoon Membrane (Note, new HCPCS Q4236 for carePATCH is included in range of currently excluded skin and soft tissue substitutes)

#### **DMEPOS List**

- Additions
  - Electrical stimulation used for cancer treatment: Added medical necessity coverage note
  - Infection control supplies billed with HCPCS S8301: Added as excluded (was previously in the Special Coverage for the COVID-19 Pandemic policy)
- Deletion: None
- Revision: None

Please visit <https://www.aspirushealthplan.com/> for the most current version.

#### **Affirmative Statement about Incentives**

Aspirus Health Plan does not specifically reward practitioners or other individuals for issuing denials of coverage or service care. Financial incentives for utilization management decision-makers do not encourage decisions that result in underutilization.

Utilization management decision making is based only on the appropriateness of care and service and existence of coverage.

# Quality Management

Coordination of care among providers is a vital aspect of good treatment planning to ensure appropriate diagnosis, treatment, and referral. Aspirus Health Plan would like to take this opportunity to stress the importance of communicating with your patient's other health care practitioners. This includes primary care physicians and medical specialists, as well as behavioral health practitioners. While we realize in this age of electronic medical records, many records are available to other practitioners in the same care system, currently across systems there is not this coordination of information about your patients.

Coordination of care is especially important for patients with high utilization of general medical services and those referred to a behavioral health specialist by another health care practitioner. Aspirus Health Plan urges all its practitioners to obtain the appropriate permission from these patients to coordinate care between behavioral health and other health care practitioners at the time treatment begins.

We encourage all health care practitioners to:

1. Discuss with the patient the importance of communicating with other treating practitioners.
2. Obtain a signed release from the patient and file a copy in the medical record.
3. Document in the medical record if the patient refuses to sign a release.
4. Document in the medical record if you request a consultation.
5. If you make a referral, transmit necessary information; and if you are furnishing a referral, report appropriate information back to the referring practitioner.
6. Document evidence of clinical feedback (i.e., consultation report) that includes, but is not limited to:
  - Diagnosis
  - Treatment plan
  - Referrals
  - Psychopharmacological medication (as applicable)

We appreciate your efforts to provide coordinated care among our membership population and ensuring your patients and their entire medical team is informed about patients' medical treatment plans and outcomes.

## **HEDIS Measurement and Specification**

HEDIS measures are nationally used by all accredited health plans and Aspirus also has an obligation to collect HEDIS data on an annual basis. The measures listed below are hybrid measures; this means the data can be collected both from administrative data and chart information. What you may not realize is that the difficulty of collecting this information from clinic records could be lessened if practitioners were to use appropriate codes when submitting their billing statements. These measures have appropriate codes that would assist Aspirus in collecting this information administratively through claims data.

### **- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents:**

This measure examines the percentage of members 3-17 years of age who had an outpatient office visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity.

Please ensure that for adolescents that a BMI is both calculated, and a percentile is coded and documented accordingly.

Description	CPT	ICD-10-CM Diagnosis	HCPCS
BMI Percentile		Z68.51-Z68.54	3008F
Counseling for nutrition	97802-97804	Z71.3	S9470, S9452, S9449, G0270-G0271, G0447
Counseling for physical activity		Z02.5, Z71.82	S9451, G0447

### - Controlling High Blood Pressure

This measure examines the percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

Description	CPT	ICD-10-CM Diagnosis	HCPCS
Systolic Blood Pressure	3074F(systolic < 130mmHg, 3075F(systolic 130-139mmHg, 3077F(> or = 140 mmHg)	I10	
Diastolic Blood Pressure	3079F(diastolic 80-89mmHg), 3078F(diastolic <80mmHg), 3079F(diastolic 80-89 mmHg), 3080F(diastolic > or = 90 mmHg)	I10	

We encourage practitioners to use the above coding specifications to reduce the burden of chart review that will need to be performed at your clinic in the following year.

If you have questions about these measures you may visit NCQA's website at [www.ncqa.org](http://www.ncqa.org).

### HEDIS Data

We would like to thank all of our provider groups for their cooperation and collaboration during our recent HEDIS medical record review process. We realize that this process is burdensome to clinics and staff and appreciate your willingness in working with our vendor to ensure our HEDIS results for measurement year 2022 are accurate. Thank you!

### Reminding Patients of Yearly Physical Exam

We want to encourage all our practitioners to remind and encourage their patients to make an appointment for their annual physical exam. In the wake of the COVID-19 pandemic, annual screenings, especially for older adults and those with chronic or pre-existing conditions, decreased. Now with robust vaccination programs and effective safety protocols in place patients can feel safe to visit their primary care practitioner and have their annual screenings performed.