

Provider Partner Update Bulletin

December 2021

The Patient Safety and Technology Assessment Committee (TAC) meets regularly to review medical technology. The TAC decides which existing medical and medical prior authorization policies need to be updated or amended or if new policies need to be developed. All policies undergo an annual review.

The following chart details recent TAC decisions. Please refer to each policy (available at upmchealthplan.com/providers) for complete indications and limitations. The policies have effective dates listed in the key below the chart. You can view upcoming changes to medical policies at upmchp.us/ProviderRLDocs.

Title - Policy #	Products	Review Type - Level of Change/Summary of New Policy
Transplant - Small Bowel or Multivisceral - MP.PA.004*	All	Policy applies to all products. Expanded definitions and background to support SOC role of intestinal rehab referral where feasible; language added to cover a transplant for patients needing liver-pancreas or pancreas-small bowel transplant; update MA variations language; no code change.
Insulin Pumps, Under 13 Years Old - MP.PA.035*	All	Policy applies to all products. Coding changes (removed all the supply codes from the codes list), and editorial revisions
Bariatric/Obesity Surgery - MP.PA.040*	All	Policy applies to all products (CHIP denies noncovered). Editorial: definitions added and updated; added distinction re. Adult Overweight and Children BMI parameters; added CPC referral language and criteria; revised and expanded Medical Description/Background section; revised indications re. Adult Initial Bariatric Surgery; added indications re. Adolescent Initial Bariatric Surgery; revised indications/criteria. re. revision (and added conversion) of Bariatric Surgery Procedures; revised and expanded limitations; revised and expanded information required for review. Added CM variation; revised and expanded MC variations; revised and expanded MA/CHC variations. Coding changes applied.

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Read this month's articles and more in the full newsletter at upmchp.us/ppu-online.

Pneumatic Compression Devices (Lymphedema Pumps) and Appliances – MP.PA.075**	All	Policy applies to all products. Changed title of policy to Pneumatic Compression Devices (Lymphedema Pumps) and Appliances to reflect current title of the devices, included new name for devices in Policy Statement, specified indications of policy in Policy Purpose—for use in patients with lymphedema or chronic venous insufficiency, minor editorial/format changes—none of which changed the intent or requirements of the policy. Added in the Variation section, the updated Medicare language to include LCAs with LCDs and the updated language for MA/CHC—"codes may not be on the Medical Assistance fee schedule" rather than stating "codes are not..." Only format changes in the Codes section. No coding changes.
Prosthetics – Lower Limb – MP.PA.113**	All	Policy applies to all products. Editorial: Codes added and removed from language and coding sections of the policy.
Lower Extremity Revascularization – MP.PA.115*	All	Policy applies to all products. Editorial changes: updated standard Medicare language to include LCAs with LCDs, update MA/CHC standard language to state that 'codes may not be on the Medical Assistance fee schedule' rather than 'are not', In Variations section, regarding Medicare, removed codes 37230, 37231, 37234, 37235 from language describing National Non-Coverage. These codes remain in coding section.
Sleep Medicine – CPAP/BiPAP – MP.023**	All	Policy applies to all products. Changes mostly editorial in nature. Clinical trial language was incorporated.
Biomarkers for Cardiovascular Disease Risk – MP.166*	CM, CHIP, MC	Policy applies to CM, CHIP, MC products. Policy to be retired and will be replaced with Lab Benefit Manager Policy, MP.A021 Cardiovascular Disease Risk Assessment on 1/1/2022.
Telehealth – MP.148*	All	Policy applies to all products. CPT 99401-99404 (Preventive medicine counseling and/or risk factor reduction intervention) added to CHIP, CHC, CM, MA coding sections. Location 10 added to policy for telehealth.
Chiropractic, 7 Years Old and Over – MP.111*	All	Policy applies to all products. Age range for policy changed from >= 13 to >=7. Title updated to remain consistent.
Chiropractic, Under 7 Years Old – MP.PA.059*	All	Policy applies to all products. Age range requirement changed from < 13 to < 7. MA variations changed to allow multiple evaluations per year. Title updated to remain consistent.
Air Ambulance – MP.139**	All	Policy applies to all products. Clarified how policy interacts with Assist America protocol and how to operationalize the limitation that states payment for air ambulance transport will be based on the payable amount for ground ambulance transport when that would have sufficed.
Non-Compensable, Experimental and Investigational Services – MA – MP.155**	MA	Policy applies to MA product only. Added/removed codes based on TAG #4 status. Updated language/definitions.
Urine Drug Testing – MP.136*	All	Policy being retired and will be replaced with a Lab Benefit Manager Policy.

Vitamin D Testing - MP.144*	All	Policy being retired and will be replaced with a Lab Benefit Manager policy.
Exhaled Breath Tests - MP.138*	All	Policy being retired and will be replaced with a Lab Benefit Manager policy.
Genetic Testing - Whole Genome-Exome Sequencing - MP.PA.099**	All	Policy applies to all LOB. There are extensive changes noted, including indications and limitations.
Gender Affirming Surgery - MP.PA.102**	MA, CHC	Major changes incorporated to the policy. Expansion of certain coverage criteria. Title updated. Removed Commercial, CHIP, and Medicare lines of business from this policy.
Gender Affirming Surgery - MP.PA.102.1**	CM, CHIP, MC	This is a new policy. MP.PA.102 was split by line of business. This particular policy encompasses Commercial, CHIP, and Medicare lines of business. Expansion of certain coverage criteria applied as in MP.PA.102.
Hypoglossal Nerve Stimulators - MP.PA.126*	All	Editorial, with added/revised definitions; E&I designation removed for CM and CHIP, reflecting LCD L38385; 0466T, 0467T, 0468T not on MA fee schedule; CM variation removed; CHIP variation revised - HGNS medically necessary for patients who are at least 22 years old. Codes 0446T, 0447T, 0448T added to MP.PA.126.
Physical Therapy, Outpatient - MP.PA.129***	All but CHIP	Effective immediately CHIP will no longer require an authorization under this policy.

Lab Benefit Manager

Cervical Cancer Screening - MP.A002*	All	CPT codes that overlap with MP.168 were removed from this policy.
Preventive Screening in Adults - MP.A007*	All	Coverage added for Cologuard (CPT: 81528).
Pre-Operative Testing - MP.A012*	All	Policy to be retired (i.e., it will not be implemented at all).
Biomarkers for Alzheimer's Disease - MP.A020*	All	Additional CPT codes added to the policy.
Bone Turnover Markers - MP.A022*	All	Coverage decision changed for screening in patients receiving bisphosphonates (from "not covered" to "covered").
Diagnostic Testing of Common Sexually Transmitted Infections - MP.A052*	All	Reference to herpes simplex 2 removed from policy.
Testing for Mosquito and Tick-Related Infections - MP.A053*	All	Coverage added for IFA for Borrelia. Limit increased from one to two IFA assays for babesiosis. IFA for West Nile Virus-specific IgG antibodies not covered for suspected WNV.
Transplant Rejection Testing - MP.A063*	All	TruGraf (CPT: 0018M) not covered to rule out kidney transplant rejection in individuals with stable renal function as an alternative to surveillance biopsies.

*This policy is effective Jan. 1, 2022.

**This policy is effective Dec. 31, 2021.

***This policy is effective Nov. 1, 2021.

UPMC HEALTH PLAN

U.S. Steel Tower, 600 Grant Street
Pittsburgh, PA 15219

upmchealthplan.com

