Provider Press

Provider information

March 2015 / Vol. 19, No. 1

BlueCross BlueShield Minnesota

ICD-10: Moving Forward To The October 1, 2015 Compliance Date

ICD-10 Federal Compliance Date is October 1, 2015

The ICD-10 federal compliance date remains October 1, 2015. There are no indications that the deadline will be changed. Blue Cross and Blue Shield of Minnesota (Blue Cross) recommends that all providers continue to prepare for the October 1, 2015 compliance date. For service and discharge dates on and after October 1, 2015, ICD-10 is the mandated code set for diagnoses and inpatient procedures. Blue Cross is prepared and ready for ICD-10. All business and technical processes impacted by ICD-10 will be compliant and ready to accept and adjudicate ICD-10 claims.

Providers need to prepare and submit compliant transactions timely

As of October 1, 2015, Blue Cross will only accept ICD-10 codes for claims with dates of service on or after October 1, 2015. Blue Cross will return any claims with ICD-9 codes for dates of service on or after October 1, 2015. Blue Cross will not extend the timely filing deadlines or advance payments to any providers who fail to comply with the ICD-10 mandate.

Blue Cross ICD-10 Provider Partner Testing

Blue Cross has been testing our ICD-10 system changes with providers since October, 2013 and Blue Cross will support Minnesota based providers with additional ICD-10 partner testing from March through June, 2015. Currently, Blue Cross is conducting kick-off meetings with pilot providers who already tested in 2014 to finalize setup needs and to answer any testing process questions. Blue Cross is also meeting with new providers who registered to test during our open sign up window in October, 2014.

Blue Cross will be conducting re-testing with the 8 former pilot providers from February to March, 2015 to ensure that the systems are ready for the expanded provider testing and to ensure that ICD-10 processing is stable in the test environment. Blue Cross is encouraging our testing providers to select high volume, high dollar, high risk testing scenarios rather than simply large volumes of claims. The Minnesota ICD-10 Collaborative has developed a list of high risk scenarios as a starting point for testing. The list is available at www.health.state.mn.us/auc/icd10/icd10testing.html. Blue Cross will continue provider testing with the remaining registered providers from March through June, 2015.

Additionally, Blue Cross plans to test with high volume clearinghouses and vendors.

Blue Cross ICD-10 Provider Resources

Blue Cross continues to expand its offering of resources to providers regarding ICD-10 readiness. Please visit Blue Cross' ICD-10 provider webpage where providers will find relevant ICD-10 news, resources, and guides. The webpage address is **www.bluecrossmn.com/Page/mn/en_US/icd-10.**

Provider Press

Provider Press is a quarterly newsletter available online at **providers.bluecrossmn.com**. Issues are published in March, June, September and December.

Inside preview

FYI

PUBLICATIONS AVAILABLE ONLINE

The following is a list of Quick Points and Bulletins published from December 2014 to February 2015 that are available online at **providers.bluecrossmn.com**. As a reminder, Bulletins are mailed to all participating providers affected by the information. Quick Points are available only on our website unless noted otherwise in the bottom left corner of the publication.

QUICK POINTS	TITLE
QP1-15	Provider Cost Data Update
QP2-15	How Providers Can Assist With Timely Processing Of Claims
QP3-15	HEDIS Season Is Here
QP4-15	Improving Antidepressant Medication Adherence – A Performance Improvement Project For Blue Advantage (PMAP) And MinnesotaCare Subscribers
QP5-15	Commercial Network Guide
QP6-15	Revised: Disclosure Of Ownership And Management Information, Business Transactions & Exclusions Statement For Providers
QP7-15	EquiClaim to Perform High-Cost Drug Audits
BULLETINS	**TITLE**
P36-14	January 2015 HCPCS Code Updates
P37-14	Two New Drug-related Prior Authorization Criteria: 2014 Hepatitis C Second-Generation Antivirals, Hepatitis C Antivirals
P1-15	Update To Attachment B: Definition Of Outpatient Health Services Categories
P2-15	Updates to Drug-related Prior Authorization Criteria: 2015 Hepatitis C Second-Generation Antivirals, Hepatitis C Sovaldi® (sofosbuvir)

GOVERNMENT PROGRAMS MEMBER REWARDS

The Member Rewards is a new program for Blue Advantage Prepaid Medical Assistance Program (PMAP) and MinnesotaCare subscribers of Blue Plus to earn reward cards for receiving preventive care. Rewards are available for several preventive services, including childhood immunizations, well child checks, prenatal care, postpartum care, cervical cancer screening, chlamydia screening, diabetic eye exams, diabetes monitoring tests and Diabetic A1C under 8.0. To earn a reward, eligible subscribers must complete the applicable voucher (including obtaining the appropriate provider's signature) and mail the voucher to Blue Cross by December 31, 2015. The incentives range from $25 to $75. New subscribers will receive the voucher packet in their Blue Cross Welcome Packet. Subscribers can also download and print vouchers at **bluecrossmn.com/rewardcards**.

Provider Demographic Change Form

The Provider Demographic Change form needs to be completed when your address, phone number, hospital affiliation or office hours change. Go to **providers.bluecrossmn.com** and enter "provider demographic change form" in the search window to obtain the form. Completed forms can be:

Emailed to: Provider.Data@bluecrossmn.com

Faxed to **(651) 662-6684**

Mailed to:
Blue Cross and Blue Shield of Minnesota
PDO, R316
P.O. Box 64560
St. Paul, MN 55164-0560

FYI

PROVIDER MANUAL UPDATES

The following is a list of Blue Cross and Blue Shield of Minnesota provider manuals that have been updated from December 2014 to February 2015. As a reminder, provider manuals are available online at **providers.bluecrossmn.com**. To view the manuals, select "Forms & publications," then "manuals." Updates to the manuals are documented in the "Summary of changes" section of the online manuals.

MANUAL NAME	CHAPTER NUMBER AND TITLE	CHANGE
Provider Policy and Procedure Manual	Chapter 5, Health Care Options	Content change to Prepaid Medical Assistance Program (PMAP) and Minnesota Senior Care Plus (MSC+)/ Blue Advantage
Provider Policy and Procedure Manual	Chapter 11, Coding Policies and Gudelines, Behavioral Health section	Content change to Rule 29
Blue Plus Manual	Chapter 3, Government Programs	Content changes to the following sections: • SecureBlue - MSHO Care Coordination Guidelines for Community Members • SecureBlue - MSHO Care Coordination Guidelines for Members in a Nursing Home • Blue Advantage - MSC+ Care Coordination Guidelines for Community Members • Blue Advantage - MSC+ Care Coordination Guidelines for Members in a Nursing Home
Provider Policy and Procedure Manual	Chapter 10, Appeals	Content change to Post Service Claim Appeals section

REALLY SIMPLE SYNDICATION

Not all provider publications are mailed out to providers. The majority of our informational Quick Points and the quarterly Provider Press are posted to our website for providers to view. Providers frequently ask us how they can be advised when new publications are added to the website at **providers.bluecrossmn.com**.

Providers can sign up to get RSS (really simple syndication) feeds of our latest news releases and updates to provider-related forms and publications. A sample of the feeds that can be requested includes:

- Bulletins
- Forms: admin updates and contracting
- Forms: credentialing
- Forms: pre-certification and pre-authorization
- Manuals
- Provider Press
- Quick Points

Go to **providers.bluecrossmn.com** and enter "RSS" in the search window to learn more about RSS. Questions about RSS feeds specific to your internal systems should be directed to your IT support area.

2015 HOLIDAY SCHEDULE

Provider services will be closed on the following days in 2015:

Monday, May 25

Friday, July 3

Monday, September 7

Thursday, November 26

Friday, November 27

Thursday, December 24

Friday, December 25

With the exception of the dates stated above, representatives answering the provider services numbers are available to assist you 8 a.m. to 5 p.m. Monday through Thursday, and 9 a.m. to 5 p.m. on Friday.

CODING CORNER

ANATOMIC SITE SPECIFIC MODIFIERS

There are several modifiers available that indicate a specific anatomic site, such as F5 for the thumb on the right hand. Because these modifiers may affect edits and payment we suggest they be submitted in the first modifier position, if applicable. Appropriate use of these modifiers may assure correct claims adjudication.

The anatomic modifiers are E1-E4, FA, F1-F9, LT, RC, RT, T1-T9 and TA.

OFFICE SUPPLIES HEADED HOME

Supplies in the clinic setting are generally included or part of the procedure or service. Codes 99070, A4649 and A4550 are always denied. Other supplies, such as Betadine or alcohol wipes, will also be denied. Generally, supplies are only allowed separately in conjunction with approved home health care. Thus Blue Cross will not allow separate charges for any take home supplies.

ARE THERE ANY NEW CODES FOR APRIL?

Well, yes, there are a few that were released by CMS. We will include these, and any other code changes that may be released, in our April 1, 2015 HCPCS update bulletin. And, just a reminder that HCPCS code additions, revisions and deletions can be released up to four times a year.

CODE EDITS UPDATE REMINDER

Blue Cross' coding edits are not updated and loaded at the same time as the coding changes are available. While we are reviewing potential edits at this time, until implemented, coding edits will not be applied to the new 2015 codes. This does not mean that the codes are invalid. All new HCPCS/CPT codes effective January 1, 2015 have been loaded to our claims system.

Once the new and revised edits are implemented, all claims submitted after the implementation date of the update, regardless of service date, will be processed according to that updated version or instituted edit.

FYI

HELPFUL PHONE NUMBERS	
BLUELINE (voice response unit)	**(651) 662-5200 or 1-800-262-0820**
BlueCard® member benefits or eligibility	**1-800-676-BLUE (2583)**
FEP® (voice response unit)	**(651) 662-5044 or 1-800-859-2128**
Availity	**1-800-282-4548**
Provider services	**(651) 662-5200 or 1-800-262-0820**
Please verify these numbers are correctly programmed into your office phones.	

FYI

UNIVERSAL PHARMACY POLICY FOR MINNESOTA HEALTH CARE PROGRAMS SUBSCRIBERS

On October 17, 2014, Blue Cross published Provider Bulletin P30-14, informing providers of the following information.

Background

In 2014, Blue Cross along with pharmacy policy experts from the Minnesota Department of Human Services (DHS), UCare, Health Partners, IMCare, Medica, PrimeWest, South Country Health Alliance, and Metropolitan Health Plan formed the Universal Pharmacy Policy Workgroup.

Universal Pharmacy Policy Workgroup (UPPW)

The UPPW meets twice a month to develop Universal Pharmacy Policy (UPP) for high risk and controlled substance medications. The UPPW set the minimum formulary requirements for contracted health plans serving the Minnesota Health Care Programs population.

Products Impacted

- Prepaid Medical Assistance Program (PMAP)
- MinnesotaCare

Contractual Requirements for Health Plans

In order to achieve compliance with the UPP provisions, on January 1, 2015, Blue Cross adopted the following **minimum requirements** for high risk and controlled substance medications recommended by the UPPW.

1. OxyContin® (oxycodone ER) will require prior authorization, and all patients prescribed OxyContin® (oxycodone ER) must demonstrate intolerance or treatment failure to morphine at equipotent dosing.
2. There will be a limit on the amount of opiates a patient may have consecutively. Long-term opiate use (all products) will be limited to a morphine equivalent dose of 120 morphine equivalents dose (MED) per day over an average of 90 days. If a patient requires greater than 120 MEDs, a prior authorization for medical necessity must be requested.
3. Controlled substances of Drug Enforcement Schedule (DEA) schedule IV, III, and II will be subject to refill-too-soon criteria that require that 85 percent of the previous fill be used before the next fill will be paid.
4. Promethazine with codeine cough syrup, which is already non-formulary, will not be allowed overrides for any purpose.

The MN Prescription Monitoring Program (PMP)

The MN PMP collects prescription data on all schedule II-V controlled substances.

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FYI

UNIVERSAL PHARMACY POLICY continued from page 5

Reporting is required from all in-state pharmacies and other dispensers as well as from those out-of-state pharmacies that ship controlled substances to Minnesota residents. This program allows qualified prescribers to request patient profile information 24 hours a day, 7 days a week. These profiles are intended to be used to supplement an evaluation of a patient, to confirm a patient's drug history, or to document compliance with a therapeutic regimen. The program is meant to improve patient care and to reduce the misuse of controlled substances. For additional information on PMP and/or to register, please go to:

Website: http://pmp.pharmacy.state.mn.us/
Email: Minnesota.pmp@state.mn.us
Telephone: (651) 201-2836

What can you do to prepare?

- As your patient(s) who are using OxyContin® (oxycodone ER) return for refills, if they have not tried and failed or are not intolerant of morphine-sustained release, transition them to morphine-sustained release products, if possible.
- For your patients who have tried and failed morphine sustained release products and/or have a true allergy or intolerance, and who continue to need long-term pain relief from opiates:
  - Proactively request prior authorizations for these patients.
  - Review the utilization patterns of patients who are on long-term opiates for chronic pain and consider creating an opiate contract with each of your patients who are using an opiate-containing drug on a long-term basis.
- Create an account with the MN Prescription Monitoring Program, so that you have access to follow all the prescribers and pharmacies your patient may be using to obtain controlled substances.
- Familiarize yourself with addiction specialists (for patient referral, if necessary).

Questions: If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

QUALITY IMPROVEMENT

PCC QUALITY OF CARE COMPLAINT REPORT

Providers are required to complete the Blue Plus Quality of Care Complaint report for all written and verbal complaints from Blue Plus, Prepaid Minnesota Assistance Program and MinnesotaCare subscribers on a quarterly basis, per Minnesota Department of Health regulations. Complaints logged at the provider offices are to be investigated and resolved by the provider's office whenever possible.

These complaints are reported to Blue Plus in January, April, July and October for the preceding three months. The Primary Care Clinic (PCC) must submit a quarterly report even if the facility does not receive any complaints for the quarter. Your contract outlines the procedures required for your Quality of Care (QOC) PCC complaint reporting adherence agreement.

Complaints should no longer be directed to the attention of a single designated person. Sending your PCC QOC complaint report form to any source not listed below may delay the processing of your PCC QOC complaint report.

To access the PCC Blue Plus Quality of Care Complaint Report Form, go to **providers.bluecrossmn.com** and select "Forms & publications," then "forms - clinical operations."

Submit quarterly PCC QOC reports using one of these methods:

Email: pcc.complaint@bluecrossmn.com

Secure fax line: **(651) 662-4004**

Mail: Blue Plus
Attn: Quality Health Management Dept.
R472
P.O. Box 64179
St. Paul, MN 55164-0179

CODING CORNER

SPEAKING OF EDITS…

XE, XP, XS, XU Modifiers

Four modifiers were created by Medicare to split the reporting of modifier -59 into more informative modifiers that give the reason for the distinct separate service. The modifier -59 would still be used for other reasons not addressed by these four modifiers – like two areas of the same organ. These modifiers are effective January 1, 2015; however, again because our coding software edits are not updated yet, submission of these modifier may deny as "invalid modifier".

If you receive an invalid modifier denial for the modifier XE, XP, XS, or XU please initiate an appeal.

99173

The visual acuity test 99173 will only be allowed separately in conjunction with a preventive examination. Blue Cross denies this service if billed with an illness evaluation and management (E/M). In the situation where you are billing both a preventive and illness E/M and the visual acuity test on the same date, 99173 may be denied incidental to the illness E/M.

If the 99173 is related to the preventive examination and that service is linked to a routine or preventive diagnosis you may appeal the denial with documentation supporting the separate service.

Edit Reviews

Several edits have been reviewed. The code edits and decisions are listed below. Incidental edits:

Codes and Edits	Decision/Actions
11042 with codes 10060-63308	Edit added to deny 11042 incidental to 10060-63308
12041-59 allowed with codes 59409-59622	Edit revised – 12041 will deny incidental to 59409-59622 regardless of modifier -59
20550-59 allowed with codes 64600-64681	Edit revised – 20550 will deny incidental to 64600-64681 regardless of modifier -59
29822-59 allowed with 29807, 29827-29828	Edit revised – 29822 will deny incidental to 29807, 29827-29828 regardless of modifier -59
31240-59 allowed with 31267	Edit revised – 31240 will deny incidental to 31267 regardless of modifier -59
38525-59 allowed with 19302-19307	Edit revised – 38525 will deny incidental to 19302-19307 regardless of modifier -59
44310 denies incidental to 44145	Edit removed
45381-59 allowed with 45385	Edit added to deny 45381 incidental to 45385 regardless of modifier -59
45382-59 allowed with 45335, 45379-45380, 45383-45387	Edit revised – 45382 will deny incidental to 45335, 45379-45380, 45383-45387 regardless of modifier -59
49320-59 allowed with 43279-58823	Edit revised – 49320 will deny incidental to 43279-58823 regardless of modifier -59

continued next page

CODING CORNER

SPEAKING OF EDITS… continued from page 8

Incidental edits:

Codes and Edits	Decision/Actions
49424-59 allowed with 21501-58823	Edit revised – 49424 will deny incidental to 21501-58823 regardless of modifier -59
57287-59 allowed with 57288	Edit revised – 57287 will deny incidental to 57288 regardless of modifier -59
60500-59 allowed with 60210-60271	Edit revised – 60500 will deny incidental to 60210-60271 regardless of modifier -59
75710-59 allowed with 35305-35306, 35523, 35537-35540, 35636-35540, 35636-35638, 35875-35876, 37735	Edit revised – 75710 will deny incidental to 35305-35306, 35523, 35537-35540, 35636-35540,35636-35638, 35875-35876, 37735 regardless of modifier -59
75716-59 allowed with 35302-37235	Edit revised – 75716 will deny incidental to 35302-37235 regardless of modifier -59

Mutually exclusive edits:

Codes and Edits	Decision/Actions
G0455 denied with 44705	Edit reversed – 44705 will deny mutually exclusive to G0455
36226-59 allowed with 36221-36225, 75685	Edit revised – 36226 will deny mutually exclusive to 36221-36225, 75685 regardless of modifier -59
44141-59 allowed with 45110	Edit revised – 44141 will deny mutually exclusive to 45110 regardless of modifier -59
46320-59 allowed with 46255	Edit revised – 46320 will deny mutually exclusive to 46255 regardless of modifier -59
54150-59 – 99150 allowed with 54163	Edit revised – 54150-99150 will deny mutually exclusive to 54163 regardless of modifier -59
87015 allowed with 87177	Edit added to deny 87015 mutually exclusive to 87177
93000 allowed with G0403	Edit revised to deny 93000 mutually exclusive to G0403

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

Medical and behavioral health policies are available for your use and review on the Blue Cross and Blue Shield of Minnesota website at **providers.bluecrossmn.com**. From this site, there are two ways to access medical policy information depending on the patient's Blue Plan membership.

For out-of-area Blue Plan patients:

Select "Medical Policy PreCert/PreAuth Router" and click Go. You will be taken to the page where you select either medical policy or pre-certification/prior authorization and enter the patient's three-letter alpha prefix as found on their member identification card, and click Go. Once you accept the requirements, you will be routed to the patient's home plan where you can access medical policy or pre-certification/pre-authorization information.

For local Blue Cross and Blue Shield of Minnesota plan patients:

Select "Medical policy" (under the Tools & Resources), read and accept the Blue Cross Medical Policy Statement, and then select "View All Active Policies." You have now navigated to the Blue Cross and Blue Shield of Minnesota Medical and Behavioral Health Policy Manual, where there are several selections to assist with your inquiry.

The "What's New" section identifies our latest new or revised policies approved by Blue Cross' Medical and Behavioral Health Policy Committee at least **50** days ago. These policies are now effective, and providers should begin following these policies immediately. These policies also appear in the "Active Policy" section of the Medical and Behavioral Health Policy Manual.

The "Upcoming Policies" section lists new or revised policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective **50** days from the date they were posted to the "Upcoming Policies" section of the Medical and Behavioral Health Policy Manual.

The "Active Policy" section contains the entire list of policies effective at the time of your inquiry. Please note, DHS Programs (Coverage Guidelines for DHS Programs - MHCP Manual) and Medicare Contractors (Part A – National Government Services [NGS], Part B – National Government Services [NGS], Home Health and Hospice – National Government Services [NGS], Durable Medical Equipment Medicare Administrative Contractor – National Government Services [NGS], and The Centers for Medicare and Medicaid Services – CMS) have separate sections.

The "Pre-Certification/Pre-Authorization" section identifies various services, procedures, prescription drugs, and medical devices that require pre-certification/pre-authorization. The following Pre-Certification/Pre-Authorization Lists are provided for review: Commercial (including BlueLink TPA), MN Government Programs, and Medicare Plans. These lists are not exclusive to medical policy services only; they encompass other services that are subject to pre-certification/pre-authorization requirements.

If you have additional questions regarding medical or behavioral health policy issues, call provider services at **(651) 662-5200** or **1-800-262-0820** for assistance.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

MEDICAL AND BEHAVIORAL HEALTH POLICY ACTIVITY

Policies Effective: 01/19/15 Notification Posted: 11/25/14

Policies developed

General Anesthesia Services for Dental Procedures

- General anesthesia services during dental procedures may be considered MEDICALLY NECESSARY for patients who meet ANY of the following criteria:

  A. Under 5 years of age; OR

  B. Presence of a severe disability, including but not limited to:

     1. Epilepsy or a history of seizures;

     2. Mental health disorders (e.g., autism, schizophrenia);

     3. Chromosomal abnormalities (e.g., Down's syndrome, trisomy);

     4. Cerebral palsy; OR

  C. Presence of a serious underlying medical condition, including but not limited to:

     1. Respiratory conditions (e.g., severe asthma);

     2. Cardiac conditions (e.g., arrhythmias, congestive heart failure, cardiac anomalies);

     3. Bleeding disorders which could lead to immediate or severe airway compromise; OR

  D. Requires immediate, comprehensive oral/dental care (e.g., dental abscess threatening patency of the airway); OR

  E. Requires significant restorative and/or surgical procedures (e.g., 5 or more dental procedures performed simultaneously, procedures requiring suturing); OR

  F. Local anesthesia is contraindicated because of acute infection, anatomic variations, or allergy.

Policies revised

Extended Hours Skilled Nursing in the Home for Patients with Medically Complex Conditions

- **Extended Hours Skilled Nursing**
  Extended Hours Skilled Nursing in the home may be considered MEDICALLY NECESSARY when ALL of the following criteria are met:

  A. The member has a skilled nursing care need that would otherwise be provided in a hospital or other active inpatient setting;

  B. The member has a condition that requires frequent (multiple times each day) nursing assessments and monitoring that result in changes in the plan of care and treatment goals in accordance with the individual's condition;

  C. The member's skilled care needs cannot be met through an Intermittent Skilled Nursing visit;

  D. The complexity of the member's treatment plan requires the skills of a registered nurse (RN) or licensed practical nurse (LPN) working under the supervision of an RN;

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

E. The required services are appropriate for the treatment of the illness or injury;

F. The services are ordered by a professional practitioner in accordance with his/her scope of practice (e.g., MD, DO, Advanced Practice Registered Nurse [APRN]) who has approved the written plan of care which includes all of the following:

1. Disciplines providing care;
2. Frequency and duration of all services;
3. Demonstration of the need for services supported by all pertinent diagnoses;
4. Member's functional level, medications, treatments, and clinical summary;
5. Goals of care based on individualized needs of the member.

G. The services are not provided in an inpatient or skilled nursing facility;

H. Extended Hours Skilled Nursing in the home is provided to meet the skilled needs of the member only; not for the convenience of the family or caregiver.

- **Extended Hours Skilled Nursing - Ventilation Assistance/ Ventilator Dependent**
  Extended Hours Skilled Nursing in the home may be considered MEDICALLY NECESSARY when ALL of the following criteria are met:

A. The member meets all criteria in section I;

B. The member is Ventilator Dependent at home for respiratory insufficiency;

C. Mechanical ventilation for life support is needed for at least 6 continuous hours per day;

D. Member is expected to be or has been Ventilator Dependent for 30 consecutive days;

E. Member's primary care practitioner or specialist has approved the home care plan;

F. Member would otherwise require confinement to a skilled nursing or inpatient facility.

- **Ongoing Authorization**
  Continued Extended Hours Skilled Nursing in the home may be considered MEDICALLY NECESSARY when ALL of the following are met:

A. All the criteria in Section I or II continue to be met.

B. Plan of care is updated at least each 60 days, which includes the following for patients age 18 or above:

1. A statement of goals including long and short term goals and need for continuing Medically Complex Home Care;
2. The nursing and other adjunctive therapy progress notes indicating that necessary interventions or adjustments have been made;
3. Expected course of the underlying disease and rehabilitation potential;
4. Identification of current and potential ongoing Medically Complex Home Care needs;
5. Reassessment and documentation of family or caregiver education and training including a review of the living

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

environment and functionality with the goals of making the member and family or caregiver as independent as possible and gradually decreasing nursing care hours as the member's medical condition improves and/or the family or caregiver have been taught and demonstrate the skills and ability necessary to carry out the plan of care.

C. A review of the developmental progress for neonates and pediatric patients must be reviewed in addition to meeting all elements of the care plan included in IIIB and criteria in section I or II.

- **Discharge Criteria**

Extended Hours of Skilled Nursing in the home is considered NOT MEDICALLY NECESSARY when ONE OR MORE of the following have been met:

A. The goals of treatment have been reached and the member no longer requires Extended Hours of Skilled Nursing care in the home.

B. The family/caregiver have been taught the nursing services and have demonstrated the ability to carry out the plan of care.

C. Medical and nursing documentation supports that the condition of the client is stable/predictable.

D. Care becomes Custodial or Supportive including but not limited to the following:

1. Routine patient care such as changing dressings, periodic turning and positioning in bed, administering oral medications
2. Care of a stable tracheostomy (including intermittent suctioning)
3. Care of a stable colostomy/ileostomy
4. Care of stable gastrostomy/jejunostomy/nasogastric tube (intermittent or continuous) feedings
5. Care of a stable indwelling bladder catheter (including emptying/changing containers and clamping tubing);
6. Watching or protecting a member
7. Respite care, adult (or child) day care, or convalescent care
8. Institutional care, including room and board for rest cures, adult day care and convalescent care
9. Help with the daily living activities, such as walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating or preparing foods
10. Any services that a person without medical or paramedical training could be trained to perform
11. Any service that can be performed by a person without any medical or paramedical training

E. The plan of care does not require an RN or LPN to be in continuous attendance.

F. Due to changes in the member's condition, care in an inpatient or skilled nursing facility, hospice, long-term acute care hospital or other facility is more appropriate.

- **Ineligible for Coverage as Extended Hours Skilled Nursing in the Home**

A. Member, family, and/or caregiver are unable or unwilling to comply with the plan of care, placing the member at risk of harm.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

B. Care provided solely for Respite of the family or caregiver.

C. Care provided outside the home including but not limited to medical care in a clinic, outpatient facility, hospital, or skilled nursing or intermediate care facility, or licensed residential care facility except as stated in the benefit chart.

D. Nursing care provided by the member's spouse, natural or adoptive child, parent, foster parent, brother, sister, grandparent or grandchild. This includes any person with an equivalent step or in-law relationship to the member.

E. Care that is non-skilled in nature such as that performed by a companion or home health aide.

- Written documentation by the practitioner specifying the medical necessity, according to the criteria above, is required. Requested documentation may include, but is not limited to:

A. A completed Form CMS-485 – Home Health Certification and plan of care.

B. Current practitioner's letter of medical necessity and/or a current practitioner's order:

1. Renewed at least every 60 days if member's condition is not stable (i.e., member's status requires frequent changes in assessment or care plan);
   or
2. Renewed at least every 6 months if the member's condition is stable.

C. Home care records.

D. Supporting documentation that describes the complexity and intensity of the member's care and the number and frequency of skilled nursing interventions needed.

Hematopoietic Stem-Cell Transplantation for Autoimmune Disease

- **Autologous or allogeneic** hematopoietic stem-cell transplantation is considered INVESTIGATIVE as a treatment of autoimmune diseases, due to a lack of evidence demonstrating an impact on improved health outcomes. Investigative indications include, but are not limited to, the following conditions:
  - Multiple sclerosis (MS);
  - Rheumatoid arthritis (RA);
  - Juvenile idiopathic arthritis;
  - Systemic lupus erythematosus (SLE);
  - Systemic sclerosis / scleroderma;
  - Type 1 diabetes mellitus;
  - Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)

Policies inactivated

Tumor Markers, Urinary

Policies Effective: 03/23/15 Notification Posted: 01/29/15

Policies developed

Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

- DNA analysis of stool samples as a technique for colorectal cancer screening is considered INVESTIGATIVE including but not limited to screening in patients with average to moderate risk and in patients considered at high risk for colorectal cancer due to a lack of evidence demonstrating an impact on improved health outcomes.

Whole Exome and Whole Genome Sequencing for the Diagnosis of Genetic Disorders

- Whole exome and whole genome sequencing for the diagnosis of genetic disorders are considered INVESTIGATIVE for all indications due to the lack of clinical evidence demonstrating an impact on improved health outcomes.

Policies revised

Genetic Testing and Counseling for Heritable Disorders

- Language addressing whole genome and whole exome testing has been removed from the policy.

Breast Implant, Removal or Replacement

- Initial Insertion/Placement of Breast Implants

A. Initial insertion/placement of breast implants may be considered MEDICALLY NECESSARY for reconstructive purposes following:

1. Mastectomy for breast cancer; OR

2. Prophylactic mastectomy.

B. Initial insertion/placement of breast implants is considered COSMETIC for all other indications, including but not limited to breast augmentation.

- Removal of Breast Implants

A. Removal of breast implants may be considered MEDICALLY NECESSARY when:

1. The original implants were placed for reconstructive purposes post-mastectomy, as described in section IA; OR

2. The original implants were placed for cosmetic purposes, as described in section IB, AND one or more of the following complications are present:

a. Capsular contracture of Baker Class IV causing severe pain or hardening of the implant;

b. Confirmed leakage/rupture of a silicone implant with silicone migration resulting in pain, lumps, granulomas and increasing fibrosis;

c. Recurrent infection secondary to the implant that does not resolve with medical treatment including antibiotics;

d. Recurrent seroma or hematoma that does not resolve with repeated drainage; or

e. Implant extrusion through the skin; or

f. Implant interference with diagnostic evaluation of suspected breast cancer or treatment of known breast cancer.

B. Removal of breast implants originally placed for cosmetic purposes, as described in section IB, is considered COSMETIC for all other indications, including but not limited to:

1. Aesthetic appearance;

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2. Malposition of the implant; or

3. Anxiety related to the implant.

- Replacement of Breast Implants

A. Replacement of breast implants may be considered MEDICALLY NECESSARY when the original implants were placed for reconstructive purposes post-mastectomy, as described in section IA.

B. Replacement of breast implants is considered COSMETIC when the original implants were placed for cosmetic purposes, as described in section IB.

Knee Arthroplasty (Knee Replacement)

- **Total knee arthroplasty (also known as total knee replacement)** may be considered MEDICALLY NECESSARY for ANY of the following indications;

A. Primary and secondary tumors of the distal femur or proximal tibia; OR

B. Displaced fractures of the distal femur or proximal tibia; OR

C. Failed previous knee fracture fixation; OR

D. Failed previous unicompartmental knee arthroplasty; OR

E. Failed previous knee osteotomy; OR

F. Advanced knee joint disease, when EITHER of the following criteria are met:

1. Diagnostic imaging and/or arthroscopic evidence, obtained within the previous 12 months, of complete cartilage destruction (i.e., modified Outerbridge grade IV or Kellgren-Lawrence grade 4) AND both of the following:

   a. Moderate to severe persistent knee pain; AND

   b. Clinically significant functional limitation resulting in impaired, age-appropriate activities of daily living and diminished quality of life.

   OR

2. Diagnostic imaging and/or arthroscopic evidence, obtained within the previous 12 months, of cartilage damage (i.e., modified Outerbridge grade III or Kellgren-Lawrence grade 3) when ALL of the following criteria are met:

   a. Moderate to severe persistent knee pain despite use of BOTH of the following:

      i. Medical management with nonsteroidal anti-inflammatory agents (NSAIDS) or other analgesic medications; AND

      ii. Physical therapy, including strengthening exercises: 6 week course
      NOTE: If a patient is unable to complete physical therapy (PT) due to progressively, worsening pain and disability, the case will be reviewed on an individual basis by an internal physician reviewer (See Documentation Submission section);

      AND

   b. Clinically significant functional limitation resulting in impaired, age-appropriate activities of daily living and diminished quality of life.

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- **Unicompartmental knee arthroplasty (also known as partial knee replacement)** may be considered MEDICALLY NECESSARY for the treatment of advanced knee joint disease limited to a single compartment (i.e., medial, lateral, or patellofemoral), when EITHER of the following criteria are met:

  A. Diagnostic imaging and/or arthroscopic evidence, obtained within the previous 12 months, of complete cartilage destruction (i.e., modified Outerbridge grade IV or Kellgren-Lawrence grade 4) AND ALL of the following:

  1. Moderate to severe persistent knee pain localized to the affected compartment (i.e., medial, lateral, or patellofemoral); AND

  2. Clinically significant functional limitation resulting in impaired, age-appropriate activities of daily living and diminished quality of life; AND

  3. Involved knee demonstrates adequate alignment and ligamentous stability

  OR

  B. Diagnostic imaging and/or arthroscopic evidence, obtained within the previous 12 months, of cartilage damage (i.e., modified Outerbridge grade III or Kellgren-Lawrence grade 3) AND ALL of the following:

  1. Moderate to severe persistent knee pain localized to the affected compartment (i.e., medial, lateral, patellofemoral) despite use of BOTH of the following:

     a. Medical management with nonsteroidal anti-inflammatory agents (NSAIDS) or other analgesic medications; AND

     b. Physical therapy, including strengthening exercises: 6 week course
     NOTE: If a patient is unable to complete physical therapy (PT) due to progressively, worsening pain and disability, the case will be reviewed on an individual basis by an internal physician reviewer (See Documentation Submission section);

     AND

  2. Clinically significant functional limitation resulting in impaired, age-appropriate activities of daily living and diminished quality of life.

     AND

  3. Involved knee demonstrates adequate alignment and ligamentous stability.

- **Revision of knee arthroplasty** may be considered MEDICALLY NECESSARY for ANY of the following indications:
  A. Instability of the prosthetic components or aseptic loosening; OR
  B. Periprosthetic fractures; OR
  C. Fracture or dislocation of the patella; OR
  D. Infection of the implant.
- The following knee procedures are considered INVESTIGATIVE due to a lack of evidence demonstrating an impact on improved health outcomes:
  A. Bicompartmental knee arthroplasty and bi-unicompartmental knee arthroplasty;
  B. Unicondylar interpositional spacer.
- Documentation supporting the medical necessity criteria described in the policy must be included in the prior authorization, when prior authorization is required. In addition, the following documentation must also be submitted for

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initial knee arthroplasty (total or unicompartmental) due to advanced knee joint disease:

1. Written report, from a radiologist, describing the extent of cartilage damage as determined by arthroscopy and/or diagnostic imaging. The interpretive report should either describe findings that can be correlated with the Modified Outerbridge classification system or the Kellgren-Lawrence grading system or refer to the specific Modified Outerbridge grade or Kellgren-Lawrence grade (refer to Definitions section and Policy section I.F.1, I.F.2, II.A, or II.B); AND
2. Clinical notes describing:
   a. Severity of knee pain; AND
   b. Functional limitations related to knee symptoms;
   c. For modified Outerbridge grade III or Kellgren-Lawrence grade 3 cartilage damage, documentation must also be submitted for the following:
      - Medical management with nonsteroidal anti-inflammatory agents (NSAIDS) or other analgesics; AND
      - Physical therapy.
        If a patient is unable to complete physical therapy (PT) due to progressively, worsening symptoms of pain and disability, the case will be reviewed on an individual basis by an internal physician reviewer. Documentation must include clinical notes from the physical therapist describing the patient's inability to complete PT.
3. For unicompartmental knee arthroplasty: an orthopedic assessment of knee alignment and ligamentous stability.

Spinal Cord Stimulation

- Spinal cord stimulation may be considered MEDICALLY NECESSARY for the treatment of severe and chronic pain of the trunk or limbs when ALL of the following criteria are met:

A. Documented history and diagnosis appropriate to this form of therapy, including documented evidence of neuropathic pain; AND

B. Documentation that all other appropriate conservative medical and invasive treatment measures have been tried and exhausted (e.g., chronic pain management programs; conservative primary care case management; medications such as anti-depressants, anti-spasmodics, narcotics, anti-inflammatories; trigger point injections; nerve blocks and epidural blocks); AND

C. Documentation from the patient's primary care physician or a mental health professional (i.e., psychiatrist or PhD psychologist) that any identified mental health or chemical dependency disorders are being or have been addressed; AND

D. Where indicated, completion of a comprehensive physical therapy evaluation; AND

E. No medical contraindications to the implantation/spinal surgery (e.g., drug allergies, sepsis, coagulopathy, inability to cope with the technology); AND

F. Demonstration of at least 50% pain relief with a temporarily implanted electrode precedes permanent implantation.

- Spinal cord stimulation is considered INVESTIGATIVE for all other indications, including but not limited to, treatment of:

A. Critical limb ischemia, as a technique to forestall amputation;

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B. Refractory angina pectoris;

C. Cancer-related pain.

Policies inactivated:

Pegloticase (Krystexxa™)

Gene Therapy

Compassionate Use

Thrombopoietin Mimetic Agents for Treatment of Thrombocytopenia

Treatment of Hereditary Angioedema

Tesamorelin (Egrifta)

Humanitarian Use Devices

Spinal Fusion: Cervical

Gene-Based Tests for Screening, Detection, and/or Management of Prostate Cancer

Fecal Calprotectin Testing

Ketamine for Treatment of All Mental Health and Substance-Related Disorders

Audio-Visual Entrainment

Prometa

Squeeze Machine for Autistic Spectrum Disorders

Policies reviewed with no changes in November 2014 - January 2015:

Actigraphy

Allogeneic Hematopoietic Stem-Cell Transplantation for Genetic Diseases and Acquired Anemias

Anterior Eye Segment Scanning Computerized Imaging

Autism Spectrum Disorders: Assessment

Axial (Percutaneous) Lumbar Interbody Fusion

Biofeedback for Disorders Listed in the DSM

Bioimpedance Spectroscopy Devices for the Detection and Management of Lymphedema

Bone Morphogenetic Protein (BMP)

Communication Assist Devices

CT Colonoscopy (Virtual Colonoscopy)

Electromagnetic Navigational Bronchoscopy

Electrotherapy / Electrotherapeutic Devices

Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Conditions

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Functional Neuromuscular Electrical Stimulation Devices

Gene Expression Profiling for the Management of Breast Cancer Treatment

Genetic Testing for Familial Alzheimer's Disease

Growth Hormone Treatment

Hematopoietic Stem-Cell Transplantation for Hodgkin Lymphoma

Implantation of Intrastromal Corneal Ring Segments

Infliximab

KRAS Mutation Analysis

Left Atrial Appendage Occluder Devices

Low-Level Laser Therapy and Deep Tissue Laser Therapy

Lysis of Epidural Adhesions

Neurofeedback/Electroencephalogram (EEG) Biofeedback

Non Pharmacologic Treatment of Acne

Non Pharmacologic Treatment of Rosacea

Occlusion of Uterine Arteries

Ovarian and Internal Iliac Vein Embolization as Treatment for Pelvic Congestion Syndrome

Pathfinder® Molecular Testing

Percutaneous Electrical Nerve Stimulation (PENS) or Percutaneous Neuormodulation Therapy (PNT)

Percutaneous Facet Joint Denervation

Phototherapy for the Treatment of Psoriasis

Pneumatic Compression Devices in the Home Setting

Psychological and Neuropsychological Testing

Sclerotherapy for Varicose Veins of the Lower Extremities

Secretin Infusion Therapy for Autism

Spinal Fusion: Lumbar

Spinal Fusion: Thoracic

Treatments for Urinary Dysfunction

Ultrasound-Guided High-Intensity Focused Ultrasound Ablation for Treatment of Prostate Cancer and Other Tumors

Provider Press is posted on our website quarterly for business office staff of multi-specialty clinics, physicians, public health agencies, DME providers, chiropractors, podiatrists, physical therapists, occupational therapists, optometrists and behavioral health professionals/providers. Direct inquiries to:

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Information in Provider Press is a general outline. Provider and member contracts determine benefits.

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