

# Provider Communication Policy Update

Date: 12/03/18

Thank you for your continued partnership with PA Health & Wellness. We continually review and update our payment and utilization policies to ensure that they are designed to comply with industry standards while delivering the best patient experience to our members. We are writing today to inform you of new policies PA Health & Wellness will be implementing effective February 1, 2019.

| Number    | Policy Name                       | Policy Description   | Line of Business (LOB) |
|-----------|-----------------------------------|--|------------------------|
| CC.MP.96  | Ambulatory Electroencephalography | This policy defines the scenarios where ambulatory electroencephalogram would be medically necessary.  | Medicare, Medicaid     |
| CC.MP.98  | Urodynamic Testing                | The purpose of this policy is to define medical necessity criteria for commonly used urodynamic studies.   | Medicare, Medicaid     |
| CP.MP.70  | Proton and Neutron Beam Therapy   | This policy outlines medical necessity parameters for Proton Beam and Neutron Beam Radiotherapy. The goal of this policy is to divert utilization to Intensity Modulated Radiation Therapy (IMRT). | Medicare, Medicaid     |
| CP.MP.105 | Digital Analysis of EEG           | The purpose of this policy is to define criteria for medical necessity of digital EEG spike analysis   | Medicare, Medicaid     |

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| CP.MP.103 | FeNo Testing                | <p>Fractionated exhaled nitric oxide (FeNO) measurement is a quantitative, noninvasive, and simple method of measuring airway inflammation. While measurement of FeNO is standardized, there are currently no reference guidelines available to aid practitioners in appropriately applying test results in practice.</p>       | Medicare, Medicaid |
| CP.MP.110 | Bronchial Thermoplasty      | <p>This policy describes the medical necessity requirements for bronchial thermoplasty (BT). BT is a bronchoscopic procedure that utilizes radiofrequency ablation to reduce airway smooth muscle cells. It is designed to serve as a therapeutic option to reduce severe bronchoconstriction for severe persistent asthma.</p> | Medicare, Medicaid |
| CP.MP.113 | Holter Monitors             | <p>This policy defines the medically necessary indications for continuous ambulatory ECG monitoring.</p>  | Medicare, Medicaid |
| CP.MP.121 | Homocysteine Testing        | <p>This policy defines the medically necessary indications for homocysteine testing.</p>  | Medicare, Medicaid |
| CC.PP.049 | Status "P" Bundled Services | <p>The purpose of this policy is to define payment criteria for covered services designated by CMS as always bundled to another physician's procedure or service to be used in making payment decisions and administering benefits.</p>   | Medicare, Medicaid |
| CP.MP.125 | DNA Analysis of Stool       | <p>Cologuard is a non-invasive screening test for colon cancer. This test comprises a multi-target screen for several aberrant</p>  | Medicare, Medicaid |

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|           |   | DNA markers of colon cancer, as well as a hemoglobin immunoassay. This policy describes the medical necessity requirements for DNA analysis of stool with the Cologuard.  |                    |
| CP.MP.134 | Evoked Potentials                                     | Evoked potentials evaluate electrical activity in the nervous system in response to stimulation of specific nerve pathways. Types of evoked potentials include somatosensory, brainstem auditory, visual and motor. Monitoring of neurophysiologic evoked potentials intraoperatively helps prevent neurologic injury during neurological, orthopedic, and other types of surgeries. This policy describes the medically necessary indications for neurophysiologic evoked potentials.                                | Medicare, Medicaid |
| CP.MP.135 | Fecal Calprotectin Assay                              | Calprotectin is a calcium binding protein that is excreted in stool in patients with inflammatory bowel disease (IBD) and other gastrointestinal conditions. Fecal calprotectin (FC), used as a noninvasive marker of intestinal inflammation, has been proposed to aid in the diagnosis and as a predictor of relapse in IBD including Crohn's disease (CD) and ulcerative colitis (UC), rather than relying solely on clinical symptoms. The policy provides a statement of medical necessity for FC assay testing. | Medicare, Medicaid |
| CC.MP.139 | Low-Frequency Ultrasound Therapy for Wound Management | The policy provides a statement of medical necessity for low-frequency ultrasound wound therapy.  | Medicare, Medicaid |

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| CP.MP.140 | EpiFix Wound Treatment                           | This policy describes the medically necessary indications for EpiFix wound treatment.   | Medicare, Medicaid |
| CP.MP.143 | Wireless Motility Capsule                        | The policy provides a statement of medical necessity for wireless motility capsule (WMC).   | Medicare, Medicaid |
| CC.PP.050 | Robotic Surgery                                  | This policy defines payment criteria for robotic surgeries to be used in making payment decisions and administering benefits.   | Medicare, Medicaid |
| CP.MP.153 | Helicobacter Pylori (H. Pylori) Serology Testing | This policy outlines why serologic antibody testing cannot distinguish between an active infection and a past infection, and why alternative, non-invasive testing methods (e.g., the urea breath test and stool antigen test) exist for detecting the presence of H. pylori. | Medicare, Medicaid |
| CP.MP.155 | EEG in the Evaluation of a Headache              | This policy addresses the use of EEG in the diagnostic evaluation of headache.  | Medicare, Medicaid |
| CP.MP.156 | Cardiac Biomarker Testing for Acute Myocardial   | This policy discusses the medical necessity requirements for testing of cardiac biomarkers.   | Medicare, Medicaid |
| CP.MP.143 | Place of Service Mismatch                        | The purpose of this policy is to identify instances in which a procedure code is billed with an inappropriate place of service per CPT/HCPCS guidelines.  | Medicare, Medicaid |