

Medicare Advantage plans

Medical policy and criteria

MEDICAL POLICY UPDATE

Premera Blue Cross Medicare Advantage reviews all medical policies and criteria annually. The following updates are available on the Premera Medicare Advantage provider website at premera.com/wa/provider/medicare-advantage/. Simply click on [View medical and pharmacy policy updates](#) located on the right side of the Medicare Advantage provider landing page.

NEW MEDICAL POLICIES EFFECTIVE MAY 1, 2020

Policy	Description/Background
<p>Coverage of Routine Services Associated with Clinical Trials</p>	<p>Clinical trials, also referred to as research studies, are designed to examine and evaluate the safety and effectiveness of various aspects of medical care. Clinical trials are federally funded and are conducted to prevent, detect, or to treat life-threatening diseases or conditions. They test new types of medical care, new uses for existing drugs or treatments, or compare the safety and effectiveness of different treatments for the same condition.</p> <p>Medical Policy Statement: The cost of routine services of qualifying clinical trials, as well as reasonable and necessary items and services used to diagnose and treat complications arising from participation in approved clinical trials, will be covered. Covered clinical trials may include Phase II, III and IV. The cost of routine services during Phase I clinical trials are covered only when the purpose is for therapeutic intent.</p> <p>We've added the following codes to the prior authorization list: S9988, S9990, S9991, G0293, G0294, G9057, G9537.</p> <p>Detailed CMS Policy Documents: NCD: "Routine Costs in Clinical Trials" (310.1) LCD: There is no LCD on the topic of routine services during clinical trials.</p>

<p>Pneumatic Pumps and Appliances (e.g. Flexitouch™ for Lymphedema</p>	<p>Lymphedema refers to edema (i.e., swelling) due to inadequate lymphatic circulation related to either:</p> <ul style="list-style-type: none"> • defective development of the lymphatics (primary lymphedema); or • destruction or obliteration of the lymphatic system (secondary lymphedema) due to either trauma, wounds, surgery, radiation therapy, or infection with a tropical filarial parasite. <p>Pneumatic compression pumps consist of pneumatic cuffs connected to a pump. They use compressed air to apply pressure to the affected limb. The intention is to force excess lymph fluid out of the limb and into central body compartments in which lymphatic drainage should be preserved.</p> <p>Medical Policy Statement: Pneumatic compression pumps and appliances for upper and lower extremities are established for the treatment of lymphedema in individuals who have failed conservative therapies.</p> <p>Pneumatic compression pumps and appliances for the trunk/chest are established. It may be considered a useful therapeutic option when indicated.</p> <p>Pneumatic compression pumps and appliances for the head/neck are experimental/investigational. This service has not been scientifically demonstrated to improve patient clinical outcomes.</p> <p>We've added the following codes to the prior authorization list: E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0671, E0672, E0673, E1399.</p> <p>Detailed CMS Policy Documents: NCD: Pneumatic Compression Devices (280.6) LCD: Pneumatic Compression Devices (L33829)</p>
<p>Cosmetic and Reconstructive Surgery*</p>	<p>Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem. Reconstructive surgery is performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, involuntional defects, tumors, or disease. It is generally performed to improve function but may also be done to approximate a normal appearance following trauma or disease or when due to a congenital malformation.</p> <p>Medical Policy Statement: Reconstructive surgery is an established service when it involves the restoration of a patient to a normal functional status, or when it is done to repair a defect arising from congenital defects, developmental</p>

	<p>abnormalities, trauma, infection, involuntal defects, tumors or disease. It may be a therapeutic option when indicated.</p> <p>Cosmetic surgery is performed solely to preserve or enhance appearance or self-esteem. It is considered not medically necessary.</p> <p>Prior authorization codes included in this policy: 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19380, 19396.</p> <p>Detailed CMS Policy Documents: NCD: NCD "Laser Procedures" (140.5); Pub Number 100-3 v.1 NCD: Breast Reconstruction Following Mastectomy (140.2)</p> <p>LCD: "Cosmetic and Reconstructive Surgery" (L34698) LCD: "Plastic Surgery" (L37020)</p> <p><i>*This policy will replace the current policy "Reconstructive Breast Surgery/Management of Breast Implants"</i></p>
<p>Intraoperative Neurophysiologic Monitoring</p>	<p>The principal goal of intraoperative neurophysiologic monitoring (IONM) is the identification of nervous system impairment on the assumption that prompt intervention will prevent permanent deficits. Correctable factors at surgery include circulatory disturbance, excess compression from retraction, bony structures, hematomas, or mechanical stretching. The technology is continuously evolving with refinements in equipment and analytic techniques, including recording, with several patients monitored under the supervision of a physician who is outside the operating room.</p> <p>Medical Policy Statement: Intraoperative neurophysiologic monitoring, which includes somatosensory-evoked potentials, motor-evoked potentials using transcranial electrical stimulation, brainstem auditory-evoked potentials, EMG of cranial nerves, EEG, and electrocorticography (ECoG), is considered established medical practice during spinal, intracranial, or vascular procedures.</p> <p>Intraoperative neurophysiologic monitoring of the recurrent laryngeal nerve is considered established medical practice for patients meeting inclusionary guidelines.</p> <p>We've added the following codes to the prior authorization list: 92585, 92586, 95829, 95867, 95868, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 95925, 95926, 95927, 95928, 95929, 95930, 95938, 95939, 95940, 95941, 95955, G0453.</p> <p>Detailed CMS Policy Documents: NCD: There is no NCD for this topic.</p> <p>LCD: Intraoperative Neurophysiological Testing (L34623)</p>

THE FOLLOWING CODES REQUIRE PRIOR AUTHORIZATION AND WILL BE REVIEWED USING INTERQUAL CRITERIA

Code:	Description:
50590	Lithotripsy, extracorporeal shock wave
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)