

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 JULY 6, 2020

Policy	Description/Background
Cosmetic and Reconstructive Surgery*	<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, involuntal 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 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>Policy has been updated with the following codes added the prior authorization list: 15877, 20912, 21235, 30465, 30520, 67911</p>

	<p>Detailed CMS Policy Documents: NCD: Laser Procedures (140.5); Pub Number 100-3 v.1 NCD: Breast Reconstruction Following Mastectomy (140.2)</p> <p>LCD: Plastic Surgery (L37020) LCD: Blepharoplasty, Eyelid Surgery, and Brow Lift (L36286) LCD: Cosmetic and Reconstructive Surgery (L34698)</p> <p><i>*This policy will replace the current policies "Blepharoplasty and Repair of Brow Ptosis" and "Panniculectomy"</i></p>
<p>Botulinum Toxin*</p>	<p>Botulinum toxins are potent neuromuscular blocking agents that are useful in treating various focal muscle spastic disorders and excessive muscle contractions, such as dystonia, spasms, and twitches. They produce a presynaptic neuromuscular blockade by preventing the release of acetylcholine from the nerve endings. Since the resulting chemical denervation of muscle produces local paresis or paralysis, selected muscles can be treated. The clinical indications for botulinum toxins have increased, and now include the treatment of overactive skeletal muscles, smooth muscles, glands and additional conditions that are being investigated.</p> <p>Medical Policy Statement: The safety and effectiveness of FDA-approved formulations of botulinum toxin, e.g., Botox® (onabotulinumtoxinA), Myobloc® (rimabotulinumtoxinB), Dysport™ (abobotulinumtoxinA) and Xeomin® (incobotulinumtoxinA) have been established. They may be considered useful therapeutic options for patients who meet the appropriate selection criteria.</p> <p>We've added the following codes to the prior authorization list under the existing policy: 64615.</p> <p>Detailed CMS Policy Documents: NCD: There is no NCD for this topic. LCD: Botulinum Toxin (L35172)</p> <p><i>*This is an already existing policy.</i></p>
<p>Treatment of Varicose Veins*</p>	<p>Varicose veins are caused by venous insufficiency as a result of valve reflux (incompetence). The venous insufficiency results in dilated, tortuous, superficial vessels that protrude from the skin of the lower extremities. Spider veins (telangiectasias) are dilated capillary veins that are most often treated for cosmetic purposes.</p>

	<p>Historically, varicose veins have been treated by conservative measures such as exercise, periodic leg elevation, weight loss, compressive therapy and avoidance of prolonged immobility. When conservative measures are unsuccessful, and symptoms persist, the next step has been sclerotherapy or surgical ligation with or without stripping. More recently, endoluminal radiofrequency ablation (ERFA) and endoluminal laser ablation have been developed as alternatives to sclerotherapy and surgical intervention. Doppler ultrasound or duplex studies are often used to map the anatomy of the venous system prior to the procedure.</p> <p>Medical Policy Statement: Per CMS, treatment for varicose veins may be covered given medical necessity and indications for treatment are met as outlined in the LCD.</p> <p>We've added the following codes to the prior authorization list: 36482, 36483.</p> <p>Detailed CMS Policy Documents: NCD: There is no NCD for this topic.</p> <p>LCD: Treatment of Varicose Veins of the Lower Extremities (L34010)</p> <p><i>*This policy will replace current policy "Endovenous Mechanochemical Ablation (MOCA) for the Treatment of Varicose Veins (e.g., ClariVein®)"</i></p>
<p>Power Mobility Devices</p>	<p>Medicare beneficiaries may require mobility assistance for a variety of reasons and for varying durations because the etiology of the disability may be due to a congenital cause, injury, or disease. Thus, some beneficiaries experiencing temporary disability may need mobility assistance on a short-term basis, while in contrast, those living with chronic conditions or enduring disabilities will require mobility assistance on a permanent basis.</p> <p>Medicare beneficiaries who depend upon mobility assistance are found in varied living situations. Some may live alone and independently while others may live with a caregiver or in a custodial care facility. The beneficiary's environment is relevant to the determination of the appropriate form of mobility assistance that should be employed. For many patients, a device of some sort is compensation for the mobility deficit. Many beneficiaries experience co-morbid conditions that can impact their ability to safely utilize mobility assistive equipment (MAE) independently or to successfully regain independent function even with mobility assistance.</p>

	<p>Medical Policy Statement: CMS finds that the evidence is adequate to determine that Mobility Assistive Equipment (MAE) is reasonable and necessary for beneficiaries who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. Determination of the presence of a mobility deficit will be made by an algorithmic process, Clinical Criteria for MAE Coverage, to provide the appropriate MAE to correct the mobility deficit.</p> <p>No additional codes are being added to the PA list, however codes K0813-K0864 will be reviewed using this new medical policy.</p> <p>Detailed CMS Policy Documents: NCD: Mobility Assistive Equipment (MAE) (280.3) NCD: Durable Medical Equipment Reference List (280.1)</p> <p>LCD: Wheelchair Options/Accessories (L33792) LCD: Power Mobility Devices (L33789)</p>
<p>Lower Extremity Prosthesis</p>	<p>A prosthesis is an artificial substitute used as a replacement, corrective or supportive device to:</p> <ul style="list-style-type: none"> • Artificially replace all or part of a missing portion of the body • Artificially replace all or part of the function of a permanently inoperative, absent or missing portion of the body <p>Medical Policy Statement: A lower limb prosthesis is covered when the beneficiary:</p> <ol style="list-style-type: none"> 1. Will reach or maintain a defined functional state within a reasonable period of time; and 2. Is motivated to ambulate. <p>Lower limb prostheses are covered under the Medicare Artificial Legs, Arms and Eyes benefit (Social Security Act §1861(s)(9)). In order for a beneficiary to be eligible for reimbursement, the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met. In addition to meeting the benefit policy, there are specific statutory payment policy requirements that also must be met.</p> <p>We've added the following codes to the prior authorization list: L5980, L5987.</p>

	<p>Detailed CMS Policy Documents: NCD: There is no NCD for this topic.</p> <p>LCD: Lower Limb Protheses (L33787)</p>
<p>Acupuncture</p>	<p>The management of chronic low back pain can take both pharmacologic and non-pharmacologic approaches. The mechanism of action of analgesia secondary to acupuncture is unclear, possibly multimodal. However, there are some physiologic effects that have been noted with its use. For example, it is thought that the immediate analgesic effects of acupuncture may be dependent on neural (nerve) innervation. Acupuncture has also been shown to induce the release of endogenous opioids in various parts of the brain. Local tissue effects including release of adenosine at the site of needle stimulation have also been observed as have increases in local blood flow. Other modes of action have been reported including local and myofascial trigger point needling effects, segmental pain effects, extra-segmental pain effects, and central regulatory effects.</p> <p>Medical Policy Statement: The Centers for Medicare & Medicaid Services (CMS) will cover acupuncture for chronic low back pain when criteria are met.</p> <p>We've added the following codes to the prior authorization list: 97810, 97811, 97813, 97814.</p> <p>Detailed CMS Policy Documents: NCD: Acupuncture (30.3)</p> <p>Decision Memo: Acupuncture for Chronic Low Back Pain (CAG-00452N)</p> <p>LCD: There is no LCD for this topic.</p>