

## **“What’s New” Medical Policy Updates August 2018**

Listed below are the recent changes made to policies within the Geisinger Health Plan Medical Policy Portfolio during the month of July that will become **effective September 15, 2018** (unless otherwise specified). The Plan uses medical policies as guidelines for coverage decisions made within the insured individuals written benefit documents. Coverage may vary by line of business and providers and members are encouraged to verify benefit questions regarding eligibility before applying the terms of the policy.

### **MP010 Blepharoplasty, Blepharoptosis and Brow Ptosis Repair – REVISED – (Updated Title; Clarified Criteria)**

#### **DESCRIPTION:**

Blepharoplasty can be defined as any eyelid surgery that improves abnormal function, reconstructs deformities, or enhances appearance. It may be either reconstructive or cosmetic. When blepharoplasty is performed to improve appearance in the absence of any documented functional abnormalities, the procedure is considered cosmetic. When blepharoplasty is performed to correct visual impairment caused by drooping eyelids (ptosis), repair defects caused by trauma or tumor-ablative surgery (ectropion/entropion corneal exposure), treat periorbital sequelae of thyroid disease and nerve palsy or the relief of painful blepharospasm, the procedure is considered to be reconstructive.

Blepharoptosis is an abnormal low-lying upper eyelid margin with the eye in primary gaze. This condition can be the result of nerve palsy or dysfunction of the levator muscles. Brow ptosis is the descent of the brow and brow fat pad and occurs with advancing age or as the result of nerve or muscle dysfunction.

#### **INDICATIONS: REQUIRES PRIOR MEDICAL DIRECTOR OR DESIGNEE AUTHORIZATION**

**The following indications may be considered medically necessary when the criteria for coverage are met:**

- Pseudoptosis causing visual impairment
- True ptosis with dermatochalasis
- Primary idiopathic blepharospasm
- Cranial nerve palsy
- Thyroid disease
- Brow ptosis causing visual impairment

#### **CRITERIA FOR COVERAGE:**

##### **Blepharoplasty (15822, 15823):**

The requesting provider must submit the following information:

- Documentation that redundant or drooping upper eyelid tissue is a primary contributory factor in the member’s visual field impairment; and
- Visual fields  
Note: Visual fields must be recorded using either a tangent screen visual field, Goldmann Perimeter (III 4-E test object) or a programmable automated perimeter and demonstrate reproducible upper or temporal field loss within 30 degrees of fixation. Each eye should be tested with the upper eyelid at rest to demonstrate the degree of impairment. There is no need to tape the lids to demonstrate an expected surgical improvement.

##### **Blepharoptosis repair (67901, 67902, 67903, 67904, 67906, 67908):**

The requesting provider must submit the following information:

- Documentation that laxity or dysfunction of the muscles of the upper eyelid are causing functional impairment; and

- Documentation that the upper eyelid margin approaches to within 2.5 mm (1/4 of the diameter of the visible iris) of the corneal light reflex (marginal reflex distance or MRD).

#### **Brow ptosis repair (67900):**

- Documentation that other causes of the visual field impairment have been ruled out; and
- Visual fields

**Note:** Visual fields must be recorded using either a tangent screen visual field, Goldmann Perimeter (III 4-E test object) or a programmable automated perimeter and demonstrate reproducible upper or temporal field loss within 30 degrees of fixation. Each eye should be tested with the upper eyelid at rest to demonstrate the degree of impairment. There is no need to tape the lids to demonstrate an expected surgical improvement.

#### **The following indications may be considered medically necessary when physician generated documentation is provided to support any of the following conditions:**

- Upper eyelid position contributes to difficulty tolerating a prosthesis in an anophthalmic socket.
- Upper-eyelid defect caused by trauma, congenital defect, tumor or ablative surgery resulting in a severe lid deformity and functional visual impairment
- Essential blepharospasm or hemifacial spasm.
- Significant ptosis in the downgaze reading position.

#### **EXCLUSIONS:**

Blepharoplasty performed primarily for the purpose of enhancing one's appearance is considered cosmetic surgery and is **NOT COVERED**.

Upper eyelid "hooding" that is not contributory to the visual field impairment is considered cosmetic and is **NOT COVERED**.

Lower lid blepharoplasty is typically considered cosmetic and will not be covered. Individual consideration for medical necessity (e.g., neoplasm, ectropion, etc.) for lower lid blepharoplasty will be made by a Plan Medical Director.

#### **MP201 Obstructive Sleep Apnea - REVISED – (Updated Language in Coding Section)**

##### **Covered Services:**

- 30999 Unlisted procedure, nose
- 42145 Palatopharyngoplasty (eg. Uvulopalatopharyngoplasty, uvulopharyngoplasty)
- 42160 Destruction of lesion, palate or uvula (thermal, cryo or chemical)
- 42890 Limited pharyngectomy
- 42299 Unlisted procedure, palate, uvula
- 42999 Unlisted procedure, pharynx, adenoids or tonsils
- 94660 Continuous positive airway pressure ventilation (CPAP), initiation and management
- 95805 Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
- 95806 Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist
- 95807 Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
- 95808 Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist
- 95810 Sleep staging with 4 or more additional parameters of sleep, attended by a technologist
- 95811 Sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
- 95822 Electroencephalogram (EEG); recording in coma or sleep only

- A7027 Combination oral/nasal mask, used with CPAP
- A7030 Full face mask used with positive airway pressure device, each
- A7031 Full face mask interface, replacement for full face mask, each
- A7032 Replacement cushion for nasal application device, each
- A7033 Replacement pillows for nasal application device, pair
- A7034 Nasal interface (mask or cannula type) used with positive airway pressure device, with or Without head strap
- A7035 Headgear used with positive airway pressure device
- A7036 Chinstrap used with positive airway pressure device
- A7037 Tubing used with positive airway pressure device
- A7039 Filter, non-disposable, used with positive airway pressure device
- A7044 Oral interface used with positive airway pressure device, each
- C9727 Insertion of palate implants
- E0470 Respiratory assist device, bi-level pressure capability, without backup rate feature, used With noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
- E0471 Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
- E0472 Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)
- E0485 Oral Device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment.
- E0486 Oral Device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment.
- E0561 Humidifier, non-heated, used with positive airway pressure device
- E0562 Humidifier, heated, used with positive airway pressure device
- E0601 CPAP continuous airway pressure device
- S2080 Laser-assisted uvulopalatoplasty (LAUP)

**Experimental/Investigational/Unproven/Not Covered:**

- 41512 Tongue base suspension, permanent suture technique
- 41530 Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session
- 95803 Actigraphy testing, recording, analysis, interpretation and report (minimum of 72 hours to 14 consecutive days of recording)
- 0466T Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)
- 0467T Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator
- 0468T Removal of chest wall respiratory sensor electrode or electrode array
- C9727 Insertion of implants into the soft palate; minimum of three implants

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**The following policies have been reviewed with no change to the policy section. Additional references or background information was added to support the current policy.**

- MP005 Medical Policy Process
- MP048 Surgical and Minimally Invasive Therapies for the Treatment of BPH
- MP071 Subcutaneous Glucose Monitor
- MP100 Electrical Bioimpedance
- MP114 Vertebroplasty and Percutaneous Kyphoplasty
- MP125 Cranial Remodeling Orthotic

MP137 Vibroacoustic Therapy

MP227 Spaced Retrieval Testing

MP240 Dermal Injections for Treatment of Facial LDS

MP241 Non-invasive Measurement of Advanced Glycation Endproducts

MP266 Magnetoencephalography and Magnetic Source Imaging

MP268 Elective Laminectomy

MP269 Elective Spinal Fusion

MP279 Gene Expression Testing to Predict Coronary Artery Disease

MP309 Computerized Dynamic Posturography