healthfirst
Health Insurance for New Yorkers

Provider Alert

March 1, 2020

Healthfirst Reimbursement Policy Updates

Effective April 1, 2020 | For All Lines of Business

As a part of Healthfirst's continuing efforts to ensure that our reimbursement policy standards are up to date and compliant with state and national industry standards, effective **April 1, 2020**, our reimbursement policy will undergo several changes. These changes will maintain compliance with industry-accepted coding and reimbursement practices, as well as with state and national regulatory requirements.

For more details, click on the links below.

- **Genomic Sequencing Procedures**
- **Molecular Pathology Testing for Lynch Syndrome**
- **BRCA1 and BRCA2 Genetic Testing**
- **Fetal Aneuploidy Testing**
- **Coronary Artery Disease (CAD) Testing**
- **Coronary Artery Disease (CAD) Testing Frequency**

Genomic Sequencing Procedures

Policy Overview

Effective April 1, 2020, consistent with guidance from both the American College of Obstetricians and Gynecologists and the Society of Maternal Fetal Medicine, Healthfirst will not reimburse for chromosomal microdeletion analysis.

Rationale

According to guidance from the American College of Obstetricians and Gynecologists and the Society of Maternal Fetal Medicine, chromosomal microdeletion analysis has not been clinically validated and is considered experimental and investigational.

Billing Information

This policy applies to service code:

81422: Fetal chromosomal microdeletion(s) genomic sequence analysis.

Molecular Pathology Testing for Lynch Syndrome

Policy Overview

Effective April 1, 2020, consistent with policies from the Centers for Medicare and Medicaid Services (CMS), Healthfirst will no longer reimburse for genetic testing for Lynch Syndrome when prior testing screening has not been performed in the previous 30 days.

Rationale

According to CMS policy, genetic testing for Lynch Syndrome requires prior screening by microsatellite instability (MSI) analysis and/or immunohistochemistry (IHC) testing. The genetic testing will be denied when the prior screening has not been performed in the previous 30 days.

Billing Information

This policy applies to the following service codes:

81288: MLH1 gene analysis; promoter methylation analysis

81292: MLH1 gene analysis; full sequence analysis

81293: MLH1 gene analysis; known familial variants

81294: MLH1 gene analysis; duplication/deletion variants

81295: MSH2 gene analysis: full sequence analysis

81296: MSH2 gene analysis; known familial variants

81297: MSH2 gene analysis; duplication/deletion variants

81298: MSH6 gene analysis; full sequence analysis

81299: MSH6 gene analysis; known familial variants

81300: MSH6 gene analysis; duplication/deletion variants

81301: Microsatellite instability analysis; includes comparison of neoplastic and normal tissue, if performed

81317: PMS2 gene analysis; full sequence analysis

81318: PMS2 gene analysis; known familial variants

81319: PMS2 gene analysis; duplication/deletion variants

88341: Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure

88342: Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure

88344: Immunohistochemistry or immunochemistry, per specimen; each multiplex antibody stain procedure

Breast Cancer Genetic Testing (BRCA1 and BRCA2)

Policy Overview

Effective April 1, 2020, consistent with CMS policies, Healthfirst will no longer reimburse for BRCA1 and BRCA2 genetic testing performed on patients 60 years of age or younger with a diagnosis of breast cancer unless the claim includes a secondary diagnosis of estrogen receptor status.

Rationale

According to CMS policy, BRCA1 and BRCA2 genetic testing reported for a patient 60 years of age or younger with a diagnosis of breast cancer (ICD-10 codes C50–C50.929) requires a secondary diagnosis of estrogen receptor status (ICD-10 codes Z17.0, Z17.1).

Billing Information

This policy applies to the following service codes:

81162: BRCA1, BRCA2 gene analysis, full sequence analysis and full duplication/deletion analysis

81163: BRCA1, BRCA2 gene analysis; full sequence analysis

81164: BRCA1, BRCA2 gene analysis; full duplication/deletion analysis

81165: BRCA1 gene analysis; full sequence analysis

81166: BRCA1 gene analysis; known familial variant

81167: BRCA2 gene analysis; full duplication/deletion analysis

81212: BRCA1 gene analysis; 185delAG, 5385insC, 6174delT variants

81215: BRCA1 gene analysis; known familial variant

81216: BRCA2 gene analysis; full sequence analysis

81217: BRCA2 gene analysis; known familial variant

Fetal Aneuploidy Testing

Policy Overview

Effective April 1, 2020, consistent with guidance from the American College of Obstetricians and Gynecologists, Healthfirst will no longer reimburse for fetal aneuploidy testing when performed on a fetus whose gestational age is less than ten weeks.

Rationale

According to the American College of Obstetricians and Gynecologists, fetal aneuploidy testing should not be performed on a fetus whose gestational age is less than ten weeks, since after ten weeks 10% of the total circulating cell-free DNA in the maternal serum is derived from the placenta and can be used to test for fetal disorders.

Billing Information

This policy applies to the following service codes:

81420: Fetal chromosomal aneuploidy genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21

81507: Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy

0009M: Fetal aneuploidy DNA (trisomy 21 and 18) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy

Z3A.01: Less than eight weeks gestation of pregnancy

Z3A.08: Eight weeks gestation of pregnancy

Z3A.09: Nine weeks gestation of pregnancy

Coronary Artery Disease (CAD) Testing

Policy Overview

Effective April 1, 2020, consistent with CMS policies, Healthfirst will not reimburse for the Corus® CAD test when reported with a diagnosis concerning coronary artery disease unless a secondary diagnosis indicating a comorbid condition is included.

Rationale

According to CMS, a secondary diagnosis indicating a comorbid condition is required when Corus® CAD testing is reported with a diagnosis for possible artery disease.

Billing Information

This policy applies to service code:

81493: Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score.

Coronary Artery Disease (CAD) Testing Frequency

Policy Overview

Effective April 1, 2020, consistent with CMS policies, Healthfirst will not reimburse for the Corus® CAD test when billed more than once in a patient's lifetime by any provider.

Rationale

According to CMS, a Corus® CAD test should be performed only once in a patient's lifetime. A subsequent visit is not considered reasonable or necessary.

Billing Information

This policy applies to service code:

81493: Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score.