## Enhanced National Coverage Determination (NDCs) Guidelines

Buckeye Community Health Plan is committed to continuously improving its claims review and payment processes.

For Medicare, effective 10/01/2021, we will enhance several correct coding edits based on industry standards and coding rules published within the:

- Centers for Medicare & Medicaid Services' (CMS) National Coverage NCD Report
- CMS coding resources, such as HCPCS Coding Manual, National Physician Fee Schedule, Provider Benefit Manual, Claims Processing Manual, MLN Matters and Provider Transmittals
- State-specific policies and procedures for billing professional and facility claims
- Health Plan policies and provider contract considerations
- Centene Policy CC.PP.011

These are the same rules used by most healthcare claims payers and enforced by the Centers for Medicare and Medicaid Services. Medicare coverage is limited to items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury (and within the scope of a Medicare benefit category). National coverage determinations (NCDs) are made through an evidence-based process, with opportunities for public participation.

Buckeye Community Health Plan Claims Editing Software ensures that claims are processed and paid accurately. This helps to avoid potential waste and error. Therefore, Buckeye Community Health Plan may deny a claim and request medical records (or coordinate request through a third-party vendor) from the provider or supplier who submitted the claim to support the services submitted on the claim.

Denials for these edits can be identified by Denial Code - *ZQ: Service billed incorrectly per CMS NCDs.*

**The following table outlines the enhancement to several correct coding edits.**

| Coding Policy | Description |
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| **Single Chamber and Dual Chamber Permanent Cardiac Pacemakers** | The Centers for Medicare & Medicaid Services (CMS) has determined that the evidence is sufficient to conclude that implanted permanent cardiac pacemakers, single chamber or dual chamber, are reasonable and necessary for the treatment of non-reversible symptomatic bradycardia due to sinus node dysfunction and second and/or third degree atrioventricular block. Symptoms of bradycardia are |

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| | symptoms that can be directly attributable to a heart rate less than 60 beats per minute. |
| **Bone (Mineral) Density Studies** | Medicare covers BMM under the following conditions:<br>• Is ordered by the physician or qualified nonphysician practitioner who is treating the beneficiary following an evaluation of the need for a BMM and determination of the appropriate BMM to be used.<br>• A physician or qualified nonphysician practitioner treating the beneficiary for purposes of this provision is one who furnishes a consultation or treats a beneficiary for a specific medical problem, and who uses the results in the management of the patient. For the purposes of the BMM benefit, qualified nonphysician practitioners include physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse midwives.<br>• Is performed under the appropriate level of physician supervision as defined in 42 CFR 410.32(b).<br>• Is reasonable and necessary for diagnosing and treating the condition of a beneficiary who meets the conditions described in §80.5.6.<br>• In the case of an individual being monitored to assess the response to or efficacy of an FDA-approved osteoporosis drug therapy, is performed with a dual-energy x-ray absorptiometry system (axial skeleton).<br>• In the case of any individual who meets the conditions of 80.5.6 and who has a confirmatory BMM, is performed by a dual-energy x-ray absorptiometry system (axial skeleton) if the initial BMM was not performed by a dual-energy x-ray absorptiometry system (axial skeleton). A confirmatory baseline BMM is not covered if the initial BMM was performed by a dual-energy x-ray absorptiometry system (axial skeleton). |
| **Percutaneous Image Guided Breast Biopsy** | Percutaneous image-guided breast biopsy is a method of obtaining a breast biopsy through a percutaneous incision by employing image guidance systems. Image guidance systems may be either ultrasound or stereotactic.<br><br>The Breast Imaging Reporting and Data System (or BIRADS system) employed by the American College of Radiology provides a standardized lexicon with which radiologists may report their interpretation of a mammogram. The BIRADS |

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| | grading of mammograms is as follows: Grade I-Negative, Grade II-Benign finding, Grade III-Probably benign, Grade IV-Suspicious abnormality, and Grade V-Highly suggestive of malignant neoplasm. |
| **Prostate Cancer Screening Tests** | Section 4103 of the Balanced Budget Act of 1997 provides for coverage of certain prostate cancer screening tests subject to certain coverage, frequency, and payment limitations. Medicare will cover prostate cancer screening tests/procedures for the early detection of prostate cancer. Coverage of prostate cancer screening tests includes the following procedures furnished to an individual for the early detection of prostate cancer:<br>• Screening digital rectal examination; and<br>• Screening prostate specific antigen blood test |
| **Screening for Sexually Transmitted Infections (STIs) & High-Intensity Behavioral Counseling (HIBC) to Prevent STIs** | The scope of the national coverage analysis for this NCD evaluated the evidence for the following STIs and high intensity behavioral counseling (HIBC) to prevent STIs for which the United States Preventive Services Task Force (USPSTF) has issued either an A or B recommendation:<br>• Screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk,<br>• Screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk,<br>• Screening for gonorrhea infection in all sexually active women, including those who are pregnant, if they are at increased risk,<br>• Screening for syphilis infection for all pregnant women and for all persons at increased risk,<br>• Screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit,<br>• HIBC for the prevention of STIs for all sexually active adolescents, and for adults at increased risk for STIs. |
| **Intravenous Immune Globulin for the Treatment of Autoimmune Mucocutaneous Blistering Diseases** | Effective October 1, 2002, IVIg is covered for the treatment of biopsy-proven (1) Pemphigus Vulgaris, (2) Pemphigus Foliaceus, (3) Bullous Pemphigoid, (4) Mucous Membrane Pemphigoid (a.k.a., Cicatricial Pemphigoid), and (5) Epidermolysis Bullosa Acquisita for the following patient subpopulations:<br>• Patients who have failed conventional therapy. Medicare Administrative Contractors (MACs) have the discretion to define what constitutes failure of conventional therapy;<br>• Patients in whom conventional therapy is otherwise contraindicated. Contractors have the discretion to define |

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| | what constitutes contraindications to conventional therapy; or<br>• Patients with rapidly progressive disease in whom a clinical response could not be affected quickly enough using conventional agents. In such situations IVIg therapy would be given along with conventional treatment(s) and the IVIg would be used only until the conventional therapy could take effect.<br><br>In addition, IVIg for the treatment of autoimmune mucocutaneous blistering diseases must be used only for short-term therapy and not as a maintenance therapy. Contractors have the discretion to decide what constitutes short-term therapy. |
| **Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions** | Erythropoiesis stimulating agents (ESAs) stimulate the bone marrow to make more red blood cells and are United States Food and Drug Administration (FDA) approved for use in reducing the need for blood transfusion in patients with specific clinical indications. The FDA has issued alerts and warnings for ESAs administered for a number of clinical conditions, including cancer. Published studies report a higher risk of serious and life-threatening events associated with oncologic uses of ESAs. |

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at http://www.cms.gov for additional information.

If you have any questions or need further information, please contact our Provider Services team at 866.296.8731.