BENEFIT COVERAGE POLICY

Title: BCP-66 Heart Transplantation

Effective Date: 01/01/2020

Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

Health Plan covers heart transplantation for adults as medically necessary for the treatment of ANY of the following conditions and the Clinical Determination Guidelines below are met:

- Refractory heart failure that is not amenable or correctable by alternative medical or surgical therapies and leaves the individual in a New York Heart Association functional class III or IV; OR
- End-stage heart failure that requires continuous intravenous inotropic or mechanical circulatory support; OR
- Malignant ventricular arrhythmias unresponsive to medical and/or surgical therapy.

Health Plan covers heart transplantation for pediatric patients as medically necessary for treatment of EITHER of the following conditions and the Clinical Determination Guidelines below are met:

- Intractable heart failure.
- Congenital abnormality not amenable to surgical correction.

All transplant related services require approval prior to the health service being provided at a Health Plan designated transplant facility. Contact the Transplant Case Manager to verify if a provider is contracted as a designated transplant facility.

Non-network transplant services are not covered.

Refer to member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions.

2.0 Background:

A. Heart transplantation has become a commonly used option for the treatment of end-stage heart disease. It has been projected that patients who receive cardiac transplants have an inpatient mortality rate of less than 5%, a one-year survival rate of about 85%, and a five-year survival rate of 75 to 80%. Moreover, 90% of cardiac transplant patients lead a relatively normal lifestyle having no limitations in their activity and 40% return to work.

B. In adults, cardiac transplantation is most frequently performed for patients with cardiomyopathy (about 50%), coronary artery disease (about 40%), valvular disease (about 4%), re-transplantation following a failed primary transplantation (about 2%) and congenital heart disease (about 2%).

C. In children, the most common indications for cardiac transplantation are congenital heart disease (about 47%), dilated cardiomyopathy (about 45%), and re-transplantation (about 3%). Moreover, survival in children with dilated cardiomyopathy relies on accurate diagnosis and aggressive treatment. The literature indicates that patients may respond to conventional treatment for heart failure or may deteriorate, requiring mechanical support. Extracorporeal membrane oxygenation (ECMO) has been used effectively for mechanical support in children until improvement occurs or as a bridge to transplantation. For individuals who are listed to receive a heart transplant, the mortality rate while waiting for a donor organ averages approximately 20%. Survival after transplantation is good, with an intermediate survival rate of about 70%.

D. Cardiac transplantation is currently the only proven curative treatment for end-stage heart disease, but the supply of donor hearts has not kept pace with the demand. Therefore, surgical techniques such as reduction ventriculoplasty, transmyocardial laser revascularization, myoreduction operations (Batista Operation and Surgical Ventricular Restoration (Dor Procedure) or dynamic cardiomyoplasty are employed to maintain heart function or provide a bridge to heart transplantation. In addition, ventricular assist devices (VADs) and the total artificial heart (TAH) have been approved by the Food and Drug Administration (FDA) for use as a bridge to transplant in selected persons who are awaiting heart transplantation.

E. Humanitarian Use Device (HUD) is a device that has been given special approval by the FDA under the Humanitarian Device Exemption (HDE) regulations. The standard approval process for devices requires that companies demonstrate that the devices are safe and effective (better than medicine or another procedure). However the FDA recognizes that sometimes a condition is so unusual that it would be difficult for a company to scientifically demonstrate effectiveness of their device in the large number of patients that usually must be tested. In these special situations, they may grant a HDE provided that:

   1. The device does not pose an unreasonable or significant risk of illness or injury; and
   2. The probable benefit to health outweighs the risk of injury or illness from its use, taking into account the probable risks and benefits of currently available devices or alternative forms of treatment; and
   3. A HUD may only be used in facilities that have an Institutional Review Board (IRB) to supervise clinical testing of devices and after the IRB has approved the use of the device to treat or diagnose the specific disease.

3.0 Clinical Determination Guidelines:

A. Heart transplantation is considered medically necessary and appropriate when all the following are met:

   1. One evaluation per transplant approval; and

      Note: A second opinion consult only would be approved to determine candidacy at a Health Plan-designated transplant facility if a second transplant evaluation is requested and the member has been previously turned down for transplant.

   2. Documentation of compliance with medical management; and
   3. Member should have received prior approval for pre-transplant services (evaluation, outpatient diagnostics and labs) at a Health Plan designated transplant facility linked to one of the transplant networks: *Interlink, LifeTrac* or *Cigna LifeSource*. If a member is not receiving services at a Health Plan designated facility, the member is redirected to a designated facility; and
   4. Social work evaluation indicating member does not have any unresolvable psychosocial problems, which may interfere with compliance with transplant management; and

5. Member has completed an evaluation and has been accepted by the transplant committee at a designated transplant facility. Documentation must include a summary letter from the transplant center indicating acceptance and outlining the preoperative tests and their results; and

6. Member meets transplant institution's protocol eligibility criteria regarding age; and

7. Attending physician has determined there are no prohibitive risk factors or absolute contraindications for transplant recipients, which include but not limited to ANY of the following:

    a. Irreversible end-organ diseases (e.g., renal, hepatic, pulmonary including severe pulmonary hypertension with irreversible pulmonary vascular resistance: greater than 6 Wood units, pulmonary artery systolic pressure greater than 60 mm Hg); or

    b. Ongoing alcohol or drug abuse (members with a history of using alcohol, tobacco or other substances of abuse must be abstinent for a minimum of three consecutive months before being considered an eligible transplant candidate as determined by random urine drug screens with negative results). Use of marijuana for medical purposes requires written approval from the referring specialist (cardiologist, nephrologist, etc.) and transplant eligibility is subject to the transplanting institution's criteria; or

    c. No malignancy (except for non-melanomatous skin cancers). For patients having been treated for a malignancy, they must meet defined facility eligibility protocol of being cancer free prior to being scheduled for a transplant evaluation. This cancer free period may range from three to five years; or

    d. Ongoing or recurring infections that are not effectively treated; or

    e. Chronic gastrointestinal disease (e.g., diverticulitis, active or recurrent pancreatitis, bleeding peptic ulcer); or

    f. Absence of active or recurrent pancreatitis; or

    g. Absence of diabetes with severe end-organ damage (neuropathy, nephropathy with declining renal function and proliferative retinopathy); or

    h. Demonstrated patient noncompliance, which places the transplanted organ at risk by not adhering to medical recommendations; or

    i. Intra-cranial cerebrovascular disease; or

    j. Amyloidosis; (due to high likelihood of development of amyloid in the transplanted organ. Good outcomes of cardiac transplantation have been reported after curative liver transplantation for familial amyloidosis or stem cell transplantation for primary amyloidosis); or

    k. Potential complications from immunosuppressive medications are unacceptable to the patient; or

    l. Acquired immune deficiency syndrome (AIDS), unless ALL the following are noted:

        i. CD4 count greater than 200 cells/mm3 for greater than 6 months; and

ii. Undetectable HIV viremia (<50 HIV-1 RNA copies/ml) for at least six months; and

iii. Demonstrates adherence and a stable, highly active antiretroviral therapy regimen for at least six months; and

iv.

v. Absence of AIDS-defining illness following successful immune reconstitution after highly active antiretroviral therapy.

8. Severity of disease:

   a. Has a New York Heart Association (NYHA) classification of heart failure III or IV; (see definition in "Terms Associated with Heart Transplantation") (This does not apply to pediatric members); and

   b. Member has the potential for conditioning and rehabilitation after transplant (i.e., is not moribund); and

   c. Life expectancy (in the absence of cardiovascular disease) is greater than two years; and

   d. Adequate pulmonary, liver and renal function.

9. Indications for repeat heart transplantation:

   a. Acute or chronic graft failure.

10. Pediatric heart transplantation:

    a. Patients less than 18 years of age.

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only.

COVERED CODES			
Code	**Description**	**Prior Approval**	**Benefit Plan Reference**
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Y	Benefits and Coverage; Transplantation Services
33928	Removal and replacement of total replacement heart system (artificial heart)	Y	Benefits and Coverage; Transplantation Services
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	Y	Benefits and Coverage; Transplantation Services
33940	Donor cardiectomy (including cold preservation)	Y	Benefits and Coverage; Transplantation Services
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava,	Y	Benefits and Coverage; Transplantation Services

COVERED CODES			
Code	**Description**	**Prior Approval**	**Benefit Plan Reference**
	inferior vena cava, pulmonary artery, and left atrium for implantation		
33945	Heart transplant, with or without recipient cardiectomy	Y	Benefits and Coverage; Transplantation Services
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	Y	Benefits and Coverage; Transplantation Services
33976	Insertion of ventricular assist device; extracorporeal, biventricular	Y	Benefits and Coverage; Transplantation Services
33977	Removal of ventricular assist device; extracorporeal, single ventricle	Y	Benefits and Coverage; Transplantation Services
33978	Removal of ventricular assist device; extracorporeal, biventricular	Y	Benefits and Coverage; Transplantation Services
33979	Insertion of ventricular assist device; implantable intracorporeal, single ventricle	Y	Benefits and Coverage; Transplantation Services
33980	Removal of ventricular assist device; implantable intracorporeal, single ventricle	Y	Benefits and Coverage; Transplantation Services
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score [Allomap]	N	Benefits and Coverage; Outpatient Diagnostic Services
93451-93454	Cardiac catheterization	N	Benefits and Coverage; Hospital – Inpatient Stay, Outpatient Diagnostic Services
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	N	Benefits and Coverage; Durable Medical Equipment (DME)
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor	N	Benefits and Coverage; Transplantation Services
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and post-transplant care in the global definition	N	Benefits and Coverage; Transplantation Services

NON-COVERED CODES		
Code	**Description**	**Benefit Plan Reference**
C1824	Generator, cardiac contractility modulation (implantable)	General Exclusions and Limitations: Experimental/investigational/unproven
0085T	Breath test for heart transplant rejection	General Exclusions and Limitations: Experimental/investigational/unproven
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	General Exclusions and Limitations: Experimental/investigational/unproven
33999	Unlisted procedure, cardiac surgery (e.g., xenotransplantation)	General Exclusions and Limitations: Experimental/investigational/unproven

ICD-10 DIAGNOSIS CODES (not all-inclusive)	
Code	**Description**
I21.01-I24.9	Acute myocardial infarction and other acute forms of ischemic heart disease
I25.10 – I25.799	Chronic ischemic heart disease
I25.810 – I25.9	Other and unspecified forms of chronic ischemic heart disease
I34.0 – I39	Non-rheumatic mitral valve, aortic valve, tricuspid valve and pulmonary valve disorders
I42.0, I42.2, I42.5, I42.8, I42.9	Other cardiomyopathies
I42.1	Obstructive hypertrophic cardiomyopathy
I43	Cardiomyopathy in diseases classified elsewhere
I47.0 – I49.9	Cardiac dysrhythmias
I50.1 – I50.9	Heart failure
I51.4	Myocarditis, unspecified
O90.81 – O90.9	Other and unspecified complications of the puerperium, not elsewhere classified (postpartum cardiomyopathy)
Q20.0 – Q24.9	Bulbous cordis anomalies and anomalies of cardiac septal closure, endocardial cushion defects and other congenital anomalies of the heart
T86.20 – T86.298	Complications of heart transplant
Z94.1	Heart transplant status

4.0 Unique Configuration/Prior Approval/Coverage Details:

Fully-insured SPD plan and ASO group L0001631 plans have a Travel and Lodging Benefit included in the Transplant Benefit (see COCs/SPDs for details).

5.0 Terms & Definitions:

ACE (angiotensin converting enzyme) inhibitor – Drugs that reduce peripheral vascular resistance by blocking the angiotensin converting enzyme. This action reduces the myocardial oxygen consumption, thereby improving cardiac output and moderating left ventricular and vascular hypertrophy. ACE inhibitors are used for controlling blood pressure, treating heart failure and preventing kidney damage in people with hypertension or diabetes. e.g., Capoten (captopril), Prinivil or Zestril (lisinopril), Accupril (quinipril), Altace (ramipril), Vasotec (enalapril).

Active candidate – A candidate on the waiting list who is currently suitable for transplantation and eligible to receive organ offers.

Beta blocker – Drugs that block beta-adrenergic substances such as adrenaline (epinephrine), a key agent in the "sympathetic" portion of the autonomic (involuntary) nervous system and activation of heart muscle. They slow the heartbeat, lessen the force with which the heart muscle contracts and reduce blood vessel contraction in the heart, brain, and throughout the body. Beta blockers can serve to treat cardiac arrhythmias. They are used specifically to prevent abnormal tachycardias or irregular heart rhythms such as premature ventricular beats. e.g., Coreg (carvedilol), Toprol XL (metoprolol succinate), Lopressor (metoprolol tartrate), Inderal (propranolol), Corgard (nadolol) Tenormin (atenolol), Normadyne (labetalol).

Brain Natriuretic Peptide (BNP) test – A hormone in the blood made by the heart, which indicates how well the heart is working. Normally, only a low amount of BNP is found in the blood. If the heart has to work harder over a long period of time, such as from heart failure, the heart releases more BNP and the blood level will get higher. The BNP level will drop when treatment for heart failure is working. Normal range = 0-100 pg/ml.

Bridge to Transplant – Mechanical devices (artificial heart or ventricular assist device/VAD) that are implanted to help support a failing heart while the patient awaits a donor heart. The ventricular assist devices help to restore circulation of oxygenated blood to organs and tissues. Patients with a history of aborted cardiac arrest are at highest risk for recurrent malignant arrhythmias. The implantable cardioverter defibrillator (ICD) is the most effective therapy for preventing sudden cardiac death from ventricular tachyarrhythmias.

Cardiac Allograft Vasculopathy (CAV) – A chronic disease in which the walls of the coronary arteries in the new heart become thick, hard, and less stretchy. CAV can destroy blood circulation in the new heart and cause serious damage. CAV is a leading cause of donor heart failure and death in the years following transplant surgery.

Cardiomyopathy – A serious disease in which the heart muscle becomes inflamed and doesn't work as well as it should. There may be multiple causes including viral infections. Cardiomyopathy can be classified as primary or secondary.

- Primary cardiomyopathy can't be attributed to a specific cause, such as high blood pressure, heart valve disease, artery diseases or congenital heart defects.
- Secondary cardiomyopathy is due to specific causes. It's often associated with diseases involving other organs as well as the heart

Designated facility – A facility that has entered into an agreement on behalf of the facility and its affiliated staff with Health Plan or with an organization contracting on our behalf, to render covered health services for the treatment of specified diseases or conditions. A designated facility may or may not be located within a member's geographical area. The fact that a hospital Is a network hospital does not mean that it is a designated facility.

Ejection fraction – The percentage of blood that is pumped from the left ventricle with each heartbeat. Normal ejection fraction is 50% or greater.

Graft failure – A significant complication following an allogeneic transplant in which a transplanted organ or tissue loses function. Graft failure statistics are recorded at one month, one year and three years' post-transplant.

Graft rejection – A process in which the immune system of the transplant recipient attacks the transplanted organ or tissue. Graft rejection is the major cause of graft failure and is one of the leading causes of death in the first year after transplant. During the first year, heart transplant patients have an average of one to three episodes of rejection. Rejection is most likely to occur within 6 months of the transplant surgery.

Heart Status – Scoring system, which indicates the medical urgency for which a heart transplant is needed.

Status 1A	These patients are at the top of the waiting list. They include patients in the intensive care unit, on life support and/or high-dose intravenous (IV) medications to support their heart function. Or, they have had a ventricular assist device (VAD) implanted or on extracorporeal membrane oxygenation (ECMO) to support their heart function.
Status 1B	These patients have end-stage heart failure and are at home on a VAD or continuous IV inotrope (heart) medication.
Status 2	These patients do not meet the criteria for Status 1A or 1B. Most often, these patients are waiting at home for a donor heart and are taking oral medication for heart failure.
Status 7	These patients are temporarily inactive on the heart transplant waiting list due to an infection, have left the area and cannot get to the transplant facility within the two hour time limit or their insurance has changed and needs a new authorization or had a loss of insurance coverage.

Implantable Cardioverter Defibrillator (ICD) – An implantable cardioverter defibrillator is used in patients at risk for recurrent, sustained ventricular tachycardia or fibrillation. The device is connected to leads position inside the heart or on its surface. These leads are used to deliver electrical shocks, sense the cardiac rhythm and sometimes pace the heart, as needed. The various leads are tunneled to a pulse generator, which is planted in a pouch beneath the skin of the chest or abdomen.

Inactive candidate – A transplant candidate who is temporarily unavailable or unsuitable for transplantation, and appears as inactive on the waiting list.

Inotropic drugs – Agents used in the treatment of congestive heart failure aimed to slow the heart to increase ventricular filling and augment cardiac contraction, (e.g., digoxin (Lanoxin), Dobutrex (dobutamine), dopamine, isoproterenol, epinephrine, Amrinone, Inocor IV (inamrinone), Primacor (milrinone).

Myocarditis – An inflammatory disease of the heart muscle (myocardium) that can result from a variety of causes. While most cases are produced by a viral infection, an inflammation of the heart muscle may also be instigated by toxins, drugs, and hypersensitive immune reactions. Myocarditis is a rare but serious condition that affects both males and females of any age.

New York Heart Association (NYHA) classification – One of the many parameters used for selecting heart recipients. It is a 4-tier system that categorizes patients based on subjective impression of the degree of functional compromise.

Class 1	Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain. Symptoms only occur on severe exertion.
Class II	Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity (e.g., moderate physical exertion such as carrying shopping bags up several flights of stairs) results in fatigue, palpitation, dyspnea, or anginal pain.
Class III	Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity (i.e., mild exertion) causes fatigue, palpitation, dyspnea, or anginal pain.
Class IV	Patients with cardiac disease resulting in inability to carry on any

	physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.

National Organ Transplant Act (NOTA) – Act passed by the Congress of the U.S. in 1984 that called for a national network to coordinate the allocation of organs and collect clinical data about the organ donors, transplant candidates and transplant recipients.

Organ Procurement and Transplantation Network (OPTN**)** – A unique public-private partnership that links all professionals involved in the U.S. donation and transplantation system. Efforts are focused on patients with the goals to:

- Increase the number of and access to transplants.
- Improve survival rates after transplantation.
- Promote patient safety and efficient management of the system by maintaining transplant policies and bylaws.

Regions (Transplant) – For the administration of organ allocation and appropriate geographic representation within the OPTN policy structure, the membership is divided into 11 geographic regions. Members belong to the Region in which they are located. The Regions are as follows:

- Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Eastern Vermont
- Region 2: Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, West Virginia, and the part of Northern Virginia in the Donation Service Area served by the Washington Regional Transplant Community (DCTC) OPO.
- Region 3: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Puerto Rico
- Region 4: Oklahoma and Texas
- Region 5: Arizona, California, Nevada, New Mexico, and Utah
- Region 6: Alaska, Hawaii, Idaho, Montana, Oregon, and Washington
- Region 7: Illinois, Minnesota, North Dakota, South Dakota, and Wisconsin
- Region 8: Colorado, Iowa, Kansas, Missouri, Nebraska, and Wyoming
- Region 9: New York and Western Vermont
- Region 10: Indiana, Michigan, and Ohio
- Region 11: Kentucky, North Carolina, South Carolina, Tennessee, and Virginia

Scientific Registry of Transplant Recipients (SRTR) – Provides reports and data on solid organ transplantation.

United Network for Organ Sharing (UNOS) – Nonprofit organization which established a computerized database in 1977 that coordinates U.S. organ transplant activities. Their website contains information and statistics about organ transplantation by region, state and transplant center. UNOS was awarded the contract to develop the requirements for the operation of the OPTN since 1986.

Ventricular Assist Device (VAD) – Describes any variety of mechanical blood pumps that are used to replace the function of either the right (RVAD) or left (LVAD) or both (Bi-VAD) ventricles. A VAD may be used in the following situations:

- To support patients who have had open heart surgery and cannot be weaned from cardiopulmonary bypass.
- To support patients after an acute myocardial infarction. Ventricular assistance after cardiotomy or a heart attack is usually short term (1 day to two weeks).

- To support patients who are awaiting a heart transplant (bridge to transplant).

6.0 References, Citations & Resources:

1. MCG 23rd - Edition, ORG: P-535 (ISC) Heart Transplant, Pediatric, 01/30/2018.
2. MCG 23rd - Edition, ORG: S-535 (ISC) Heart Transplant, 01/30/2018.
3. Organ Procurement and Transplantation Network (OPTN), Policies Administrative Rules and Definitions, https://optn.transplant.hrsa.gov/.
4. Scientific Registry of Transplant Recipients. Available at URL address: http://www.srtr.org/default.aspx.

7.0 Associated Documents [For internal use only]:

Standard Operating Procedure (SOP) – MM-03 Benefit Determinations; MM-25 Transition/Continuity of Care; MM-55 Peer-to-Peer Conversations; SOP 001 Completing a HCN; SOP 007 Algorithm for Use of Criteria for Benefit Determinations; SOP 016 Identification, Referral and Assignment of Members for Case Management Services.

Sample Letter – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Specific Exclusion Denial Letter.

Form – Request Form: Out of Network/ Prior Authorization; High Cost Notification Form; Transplant Travel and Lodging Reimbursement Form.

Other – Transplant Network contracts with Cigna LifeSource, Interlink, and LifeTrac.

8.0 Revision History:

Original Effective Date: 04/11/2007

Next Revision Date: 10/01/2020

Revision Date	Reason for Revision
04/08/15	Annual review; updates and standardized format. Clinical criteria more clearly defined from General Background. Added criteria regarding member meeting a facility defined eligibility of “cancer free” period. Drug screening criteria to meet eligibility added.
March 2016	Annual review with title changes, removed references to Medical Resource Management (MRM) and changed to “Medical Policy” with the responsible Dept. assigned to Case Management. Removed references to Sparrow PHP, Healthy Michigan and MI Child. Added ICD-10 codes. References and Resources: updated.
February 2017	Annual review – changed from MRM Medical Policy 014 to Benefit Coverage Policy format
4/26/17	Annual renewal approved by QI/MRM.
January 2018	Annual review by BCC, annual review by QI/MRM 2/14/18. New codes effective 1/1/18 added.
4/13/18	Annual renewal approved by QI/MRM.
1/19	1/1/2019 new code added; L8698, references updated.
4/10/19	Annual renewal approved by QI/MRM.
2/20	Annual review; updated HIV info, new code added