



## MEDICAL COVERAGE POLICY

### SERVICE: Medicare Non-Texas LCD Coverage

Policy Number:	292
Effective Date:	08/1/2022
Last Review:	07/28/2022
Next Review Date:	As needed

#### Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

#### SERVICE: Medicare Non-Texas LCD Coverage

#### PRIOR AUTHORIZATION: Not applicable.

**POLICY:** In the absence of Texas LCD coverage guidance, BSWHP will make coverage determinations based on internal research. BSWHP may determine that a non-Texas LCD reflects the results of that research. The table below is a summary of that research.

Code	Description	Decision	Discussion
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 [Molecular Microscope® MMDx—Heart test]	Not covered for Medicare	There is no TX LCD with criteria for this test. MAC Palmetto GBA has reviewed and has recommended coverage for this test: LCD L35025/LCA A56853. However, this test has been reviewed by BSWHP medical team. BSWHP considers the Heart Molecular Microscope Diagnostic System (MMDx-Heart) experimental and investigational for evaluation of cardiac transplant rejection because its clinical value has not been established. EviCore considers this test E&I

#### OVERVIEW:



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#### CODES:

**Important note:**

*CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.*

CPT Codes:	
CPT Not Covered:	
ICD10 codes:	
ICD10 Not covered:	

#### CMS:

#### POLICY HISTORY:

Status	Date	Action
New	07/22/2021	New policy
Reviewed	07/28/22	No changes

#### REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. The health plan will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to the health plan so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

**Note:** Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plans.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSAs) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSAs. Individual HMO plans are offered through FirstCare in West Texas.