

**Distribution Date: January 1, 2020**

The following medical protocol updates include information on protocols that have undergone an annual review over the last several months, or an additional review in order to make changes. The annual review may have resulted in a revision to the guidelines or no changes at all. One new protocol has been added.

Please note that portions of this protocol update may not pertain to the members to whom you provide care.

### **Protocol Revision Summary**

The effective date of these changes is February 1, 2020, unless otherwise indicated:

#### **Genetic Testing for Breast Cancer Gene Expression Prognosis Assay**

Changes:

- One investigational statement added.
- Breast Cancer Index added to medically necessary criteria.
- Stage II breast cancer reworded to early-stage node-positive breast cancer.

#### **Genetic Testing for Cystic Fibrosis**

Change:

- Medically necessary statement revised to remove drug therapy guidelines as pharmacy maintains each drug therapy guideline.

#### **Genetic Testing for Epilepsy**

Change:

- One investigational statement added.

Medicare Advantage change:

- Not medically necessary policy statement removed.

#### **Genetic Testing for Leukemia and Lymphoma**

Change:

- Multiple changes to medically necessary statements – inclusion of additional testings.

Medicare Advantage change:

- Multiple changes to medically necessary statements – inclusion of additional testings.

#### **Laboratory Tests for Heart and Kidney Transplant Rejection**

Medicare Advantage change:

- Word “investigational” changed to “not medically necessary.”

#### **Ovarian and Internal Iliac Vein Endovascular Occlusion as a Treatment of Pelvic Congestion Syndrome (formerly: Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome)**

Change:

- Protocol title and language revised from embolization to endovascular occlusion to clarify policy inclusion of both embolization and sclerotherapy treatment strategies.

**Prostatic Urethral Lift**

Changes:

- The medically necessary statement was updated to remove the clause 'Patient does not have prostate-specific antigen level  $\geq 3$  ng/mL' from the fifth criterion.
- The medically necessary criterion regarding nickel allergy was expanded to include titanium and stainless steel.

**Protein and Genetic Testing for Prostate Cancer**

Medicare Advantage change:

- ExoDx Prostate IntelliScore (EPI) added as a medically necessary biomarker test.

**Technology Assessment and Medically Necessary Services (formerly: Technology Assessment)**

Changes:

- Medically necessary definition included.
- Wording changes throughout protocol from the word "technology" to the word "services".
- Standard language for durable medical equipment defined.

**New Protocol**

The effective date of this new protocol is February 1, 2020:

**Leadless Cardiac Pacemakers**

- The policy position is medically necessary and investigational.
- Preauthorization is required.

**Protocols Reviewed Without Change**

Previous effective dates indicated remain accurate for the following:

- Allogeneic Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias
- Artificial Intervertebral Disc: Cervical Spine
- Balloon Ostial Dilation for Treatment of Chronic Rhinosinusitis
- Bariatric Surgery
- Carrier Screening for Genetic Diseases
- Chelation Therapy for Off-Label Uses
- Chromosomal Microarray Testing for the Evaluation of Pregnancy Loss
- Endothelial Keratoplasty
- Facet Joint Denervation
- Gastric Electrical Stimulation
- Genetic Testing for Cardiac Ion Channelopathies
- Genetic Testing for Familial Cutaneous Malignant Melanoma
- Genetic Testing for Hereditary Hearing Loss
- Genetic Testing for Human Leukocyte Genes (HLA)
- Genetic Testing for Noninvasive Prenatal Testing
- Genetic Testing of CADASIL Syndrome
- Hematopoietic Cell Transplantation for Autoimmune Diseases
- Hip Resurfacing
- Implantable Cardioverter Defibrillators

- Implantation of Intrastromal Corneal Ring Segments
- In Vitro Chemoresistance and Chemosensitivity Assays
- Interspinous Fixation (Fusion) Devices
- Lipid Apheresis
- Magnetoencephalography/Magnetic Source Imaging
- Molecular Markers in Fine Needle Aspirates of the Thyroid
- Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux
- Pharmacogenomic and Metabolite Markers for Patients Treated With Thiopurines
- Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers
- Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors
- Reconstructive Breast Surgery/Management of Breast Implants
- Saturation Biopsy for Diagnosis, Staging and Management of Prostate Cancer
- Scintimammography and Gamma Imaging of the Breast and Axilla
- Semi-Implantable and Fully Implantable Middle Ear Hearing Aids
- Subtalar Arthroereisis
- Surgical Treatment of Bilateral Gynecomastia
- Total Artificial Hearts and Implantable Ventricular Assist Devices
- Treatment of Hyperhidrosis
- Vagus Nerve Stimulation
- Viscocanalostomy and Canaloplasty

**The above are brief summaries.** Please refer to the protocols posted on our provider website for the details of the updated and new protocols that affect your practice. If you need help finding a specific protocol update, please contact Provider Service.