

Distribution Date: February 28, 2017

The following update includes information on protocols that have undergone a review over the last several months, or an additional review in order to make changes. An annual review may have resulted in a revision to the guidelines or no changes at all. Two new protocols have 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 April 1, 2017 unless otherwise indicated:

Implantable Sinus Stents for Postoperative Use Following Endoscopic Sinus Surgery

Changes:

- The title was changed to *Implantable Sinus Stents for Postoperative Use Following Endoscopic Sinus Surgery and for Recurrent Sinus Disease*;
- The scope of the investigational policy statement was broadened to include the use of implantable sinus stents for recurrent sinonasal polyposis.

Intra-Articular Hyaluronan Injections for Osteoarthritis

Medicare Advantage changes:

- A “not medically necessary” policy statement addressing the injection code when a drug is denied was deleted;
- The medically necessary policy statement addressing repeat series of injections was edited to include the shoulder joint;
- The limitation to a *one-time* repeat series in the medically necessary policy statement was deleted.

Low-Level Laser Therapy

General business changes:

- A medically necessary policy statement with criteria was added to address the prevention of oral mucositis in patients undergoing cancer treatment;
- The investigational policy statement was expanded to include multiple examples of investigational indications for low-level laser therapy.

Medicare Advantage change:

- A Medicare Advantage statement was added to indicate that the use of low-level laser therapy is considered not medically necessary for all indications.

Spinal Cord Stimulation

Changes:

- An investigational policy statement was added to address high-frequency spinal cord stimulation for the treatment of severe and chronic pain of the trunk or limbs;
- The medically necessary policy statement was edited to describe spinal cord stimulation as *with standard (non-high-frequency) stimulation*.

Transcatheter Aortic Valve Implantation for Aortic Stenosis

Changes:

- A new medically necessary policy statement with criteria was added to address repair of a degenerated bioprosthetic valve;
- The existing medically necessary policy statement was adjusted to address native valve aortic stenosis only;
- The investigational policy statement was reworked.

New Protocols

The effective date of these new protocols is April 1, 2017:

Actigraphy

- There is one investigational policy statement;
- This protocol considers this test or procedure investigational. If the physician feels this service is medically necessary, preauthorization is recommended.

Noninvasive Techniques for the Evaluation and Monitoring of Patients With Chronic Liver Disease

- There are medically necessary policy statements with criteria addressing FibroSURE™ and FibroScan®;
- There are investigational policy statements addressing FibroSURE and FibroScan as well as other multianalyte assays with algorithmic analyses and other noninvasive imaging;
- There is a Medicare Advantage medically necessary policy statement addressing FibroSURE;
- Preauthorization is not required.

Protocols Reviewed Without Change

Previous effective dates indicated remain accurate for the following:

- Artificial Intervertebral Disc: Lumbar Spine
- Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions
- Autonomic Nervous System Testing
- Axial Lumbosacral Interbody Fusion
- Biofeedback for Miscellaneous Indications
- Cardiovascular Risk Panels
- Cryosurgical Ablation of Primary or Metastatic Liver Tumors
- Dynamic Posturography
- Electrical Bone Growth Stimulation of the Appendicular Skeleton
- Electrical Stimulation for the Treatment of Arthritis
- Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures
- Electromagnetic Navigation Bronchoscopy
- Endobronchial Ultrasound for Diagnosis and Staging of Lung Cancer
- Gene Expression-Based Assays for Cancers of Unknown Primary
- Genetic Testing for Mental Health Conditions
- Genetic Testing for Warfarin Dose
- Heart Transplant
- Heart/Lung Transplant
- Hematopoietic Stem Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma

- Hematopoietic Stem Cell Transplantation for Epithelial Ovarian Cancer
- Hematopoietic Stem Cell Transplantation for Hodgkin Lymphoma
- Hematopoietic Stem Cell Transplantation for Miscellaneous Solid Tumors in Adults
- Immune Cell Function Assay
- Invasive Prenatal (Fetal) Diagnostic Testing
- Lysis of Epidural Adhesions
- Microwave Tumor Ablation
- Multimarker Serum-Testing Related to Ovarian Cancer (Formerly Proteomics-Based Testing Related to Ovarian Cancer)
- Multitarget Polymerase Chain Reaction Testing for Diagnosis of Bacterial Vaginosis
- Occipital Nerve Stimulation
- Orthoptic/Vision Therapy
- Quantitative Sensory Testing
- Reduction Mammoplasty for Breast-Related Symptoms (Formerly Reduction Mammoplasty)
- Sensory Integration Therapy and Auditory Integration Therapy
- Surgical Ventricular Restoration
- Transcatheter Mitral Valve Repair
- Transcatheter Pulmonary Valve Implantation
- Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease
- Ultrasound Accelerated Fracture Healing Device

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.