Protocol

Medical Services Protocol Updates

Distribution Date: **March 1, 2016**

The following Medical Protocol update includes information on protocols that have undergone a review over the last several months for annual review, 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. Two new protocols have been added and none were archived.

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

Protocol Revision Summary

The effective date of these changes is April 1, 2016:

Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening
Change:

- The investigational policy statement was changed to include patients with average to *high* risk (formerly moderate risk) of colorectal cancer.

Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions
Changes:

- The prerequisite of an inadequate response to a prior surgical procedure was removed from the medically necessary policy statement;
- The patella was added as a specific site appropriate for this treatment in the medically necessary policy statement.

Autonomic Nervous System Testing
Medicare Advantage Change:

- A Medicare Advantage section was added with both medically necessary and investigational policy statements and criteria.

Biofeedback for Miscellaneous Indications
Change:

- Depression, multiple sclerosis, and post traumatic stress disorder were added to the list of conditions for which biofeedback is considered an investigational treatment, and autism was deleted from that list.

Chromosomal Microarray Testing for the Evaluation of Early Pregnancy Loss and Intrauterine Fetal Demise
Changes:

- The title changed to *Chromosomal Microarray Analysis for the Evaluation of Pregnancy Loss*;
- The investigational policy statement addressing miscarriage or intrauterine fetal demise that occur during the first and second trimesters was deleted;
- The medically necessary policy statement was changed to include the use of chromosomal microarray analysis for evaluation of pregnancy loss in patients with indications for genetic analysis of the embryo or fetus (these indications are defined in the policy guideline section).

Genetic Testing for Mental Health Conditions
Change:

- The policy statement was expanded to list situations in which genetic testing for mutations associated with mental health disorders is investigational, including confirmation of a diagnosis, predicting future risk of a disorder and selecting or dosing medications.

Molecular Analysis for Targeted Therapy of Non-Small-Cell Lung Cancer
Changes:

- The medically necessary policy statement for analysis of the anaplastic lymphoma receptor tyrosine kinase (ALK) gene was reworded;
- An investigational statement was added for analysis of the ALK gene when criteria are not met.

Noninvasive Prenatal Screening for Fetal Aneuploidies Using Cell-Free Fetal DNA
Changes:

- The title changed to *Noninvasive Prenatal Screening for Fetal Aneuploidies and Microdeletions Using Cell-Free Fetal DNA*;
- An investigational policy statement was added to address nucleic acid sequencing-based testing of maternal plasma for microdeletions;
- A second investigational policy statement was added to address nucleic acid sequencing-based testing of maternal plasma for trisomy 16 and trisomy 22.

Reduction Mammoplasty
Medicare Advantage changes:

- A medically necessary statement regarding reconstruction after cancer surgery was removed;
- The guidelines addressing the minimal amount of breast tissue to be removed for consideration as a non-cosmetic procedure were revised, now referencing body surface area (instead of weight in pounds) in relationship to the amount of tissue removed in grams.

Sensory Integration Therapy and Auditory Integration Therapy
Medicare Advantage changes:

- The medically necessary policy statement was changed by adding illness as a possible source of acquired sensory problems;
- In the not medically necessary policy statement the term chronic progressive brain conditions was replaced by progressive brain conditions.

New Protocols

The effective date of these new protocols is April 1, 2016:

Genetic Testing for Epilepsy

- Genetic testing for mutations associated with infantile and early childhood onset epilepsy syndromes in individuals with these conditions in which epilepsy is the core clinical symptom may be considered medically necessary when positive results impact management as listed in the policy statement;
- There is one investigational policy statement for all situations not meeting criteria;
- Preauthorization is required.

Transcatheter Mitral Valve Repair

- Transcatheter mitral valve repair with a device cleared by the U.S. Food and Drug Administration for use in mitral valve repair may be considered medically necessary when criteria are met;
- There is an investigational policy statement for situations not meeting criteria;
- Preauthorization is required.

Protocols Reviewed Without Change

Previous effective dates indicated remain accurate for the following:

- Artificial Intervertebral Disc: Lumbar Spine
- Axial Lumbosacral Interbody Fusion
- 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 Lynch Syndrome and Other Inherited Colon Cancer Syndromes
- 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
- Implantable Bone-Conduction and Bone-Anchored Hearing Aids
- Implantable Sinus Stents for Postoperative Use Following Endoscopic Sinus Surgery
- Intra-Articular Hyaluronan Injections for Osteoarthritis
- Invasive Prenatal (Fetal) Diagnostic Testing
- Low-Level Laser Therapy
- Lysis of Epidural Adhesions
- Microwave Tumor Ablation
- Multitarget Polymerase Chain Reaction Testing for Diagnosis of Bacterial Vaginosis
- Occipital Nerve Stimulation
- Orthoptic/Vision Therapy
- Proteomics-Based Testing Related to Ovarian Cancer
- Quantitative Sensory Testing
- Surgical Ventricular Restoration
- Transcatheter Aortic Valve Implantation for Aortic Stenosis
- 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.