

Distribution Date: March 1, 2019

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. No new protocols have been added and two have been archived.

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, 2019:

Aqueous Shunts and Stents for Glaucoma

Changes:

- The policy position has changed from investigational to medically necessary for the insertion of ab interno aqueous shunts approved by the FDA as a method to reduce intraocular pressure in patients with glaucoma where medical therapy has failed to adequately control intraocular pressure;
- The medically necessary policy statement addressing the implantation of FDA-approved microshunt ab interno shunts in conjunction with cataract surgery in patients with mild to moderate open-angle glaucoma treated with ocular hypotensive medication has been adjusted to include up to two (previously approved for a single shunt) ab interno shunts.

Medicare changes:

- One medically necessary policy statement was added to address one iStent, Hydrus or CyPass device per eye for the treatment of adults with mild or moderate open-angle glaucoma and a cataract when the individual is currently being treated with an ocular hypotensive medication and the procedure is being performed in conjunction with cataract surgery;
- One investigational policy statement was added addressing the insertion of specific aqueous drainage devices.

Circulating Tumor DNA for Management of Non-Small-Cell Lung Cancer (Liquid Biopsy)

Changes:

- The title changed to Circulating Tumor DNA Management of Non-Small-Cell Lung Cancer (Liquid Biopsy);
- Two tests were added to the medically necessary policy statement addressing analysis of somatic sensitizing variants within the epidermal growth factor receptor (EGFR) gene to detect circulating tumor DNA (ctDNA) as an alternative to tissue biopsy to predict treatment response to an EGFR tyrosine kinase inhibitor therapy;
- An investigational policy statement was added addressing analysis of somatic rearrangement variants of the ALK gene using plasma specimens to detect ctDNA or RNA to predict treatment response to ALK inhibitor therapy;
- An investigational policy statement was added addressing analysis of the BRAF V600E variant using plasma specimens to detect ctDNA to predict treatment response to BRAF or MEK inhibitor therapy;

- An investigational policy statement was added addressing analysis of somatic rearrangement variants of the ROS1 gene using plasma specimens to detect ctDNA or RNA to predict treatment response to ALK inhibitor therapy;
- An investigational policy statement was added addressing analysis of somatic variants of the KRAS gene using plasma specimens to detect ctDNA to predict treatment nonresponse to anti-EGFR therapy with tyrosine kinase inhibitors and for the use of the anti-EGFR monoclonal antibody cetuximab;
- An investigational policy statement was added addressing analysis of alterations in the HER2, RET, and MET genes using plasma specimens to detect ctDNA for targeted therapy.

Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid

Change:

- The reference to best practice in the Policy Guideline section was clarified.

Cytoreductive Surgery and Perioperative Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies

Changes:

- The title changed to Hyperthermic Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies;
- A medically necessary policy statement with criteria was added addressing cytoreductive surgery plus perioperative hyperthermic intraperitoneal chemotherapy (HIPEC) at the time of surgery;
- An investigational policy statement was added addressing the use of HIPEC in all other settings.

Dopamine Transporter Imaging With Single-Photon Emission Computed Tomography

Changes:

- The policy position on dopamine transporter imaging with single-photon emission computed tomography has changed from investigational for all indications to medically necessary when used for individuals with clinically uncertain Parkinson disease; or clinically uncertain dementia with Lewy bodies;
- An investigational policy statement now addresses the use of dopamine transporter imaging with single-photon emission computed tomography for all other indications.

Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes

Changes:

- A medically necessary policy statement with criteria was added addressing genetic testing for juvenile polyposis syndrome using SMAD4 and BMPR1A gene variants;
- A medically necessary policy statement with criteria was added addressing genetic testing for Peutz-Jeghers syndrome using STK11 gene variants.

Genetic Testing for Warfarin Dose

Changes:

- The title changed to Genotype-Guided Warfarin Dose;
- The investigational policy statement has been expanded to include genotyping to determine cytochrome P450 4F2 (CYP4F2) genetic variants.

Implantable Cardioverter Defibrillators

Medicare Advantage change:

- The Medicare Advantage section was replaced with updated guidance including two medically necessary policy statements and a Medicare Advantage Policy Guidelines section.

Invasive Prenatal (Fetal) Diagnostic Testing

Medicare Advantage change:

- One genetic testing procedure was added to the not medically necessary policy statement.

Laboratory Tests for Heart Transplant Rejection

Changes:

- The title was changed to Laboratory Tests for Heart and Kidney Transplant Rejection;
- An investigational policy statement was added addressing the use of peripheral blood measurement of donor-derived cell-free DNA in the management of patients after renal transplantation, including but not limited to, the detection of acute renal transplant rejection or renal transplant graft dysfunction.

Molecular Markers in Fine Needle Aspirates of the Thyroid

Change:

- The investigational policy statement was expanded to address and single-gene telomerase reverse transcriptase (TERT) testing.

Medicare Advantage change:

- ThyraMIR, ThyGenX, and Thyroseq tests have been added to the medically necessary policy statement with criteria.

Prostatic Urethral Lift

Change:

- One criterion addressing patients who are not appropriate candidates for a surgical procedure using general anesthesia was removed under the medically necessary policy statement.

Medicare Advantage change:

- There are no longer separate Medicare Advantage criteria; the Medicare Advantage section was deleted.

Protein and Genetic Testing for Prostate Cancer

Changes:

- One medically necessary policy statement with criteria addressing the Oncotype DX AR-V7 Nuclear Detect test was added;
- Additional test were added under the investigational policy statement.

Medicare Advantage changes:

- The supplementary medically necessary policy statement addressing ConfirmMDX was deleted;
- A supplementary policy statement was added addressing Prolaris;
- A medically necessary policy statement with criteria was added addressing biomarker tests (%fPSA, PHI, or 4Kscore) in men ≥ 45 years old, prior to initial biopsy, with confirmed moderately elevated PSA.

Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome

Changes:

- A medically necessary policy statement with criteria was added addressing hypoglossal nerve stimulation in adults with OSA;
- A medically necessary policy statement with criteria was added addressing hypoglossal nerve stimulation in adolescents or young adults with Down syndrome and OSA.

Transcatheter Aortic Valve Implantation for Aortic Stenosis

Change:

- Criteria under the medically necessary policy statement addressing transcatheter aortic valve replacement performed via an approach consistent with the device's FDA-approved labeling, for patients with native valve aortic stenosis, were broadened to include candidates at intermediate risk for open surgery.

Transcatheter Pulmonary Valve Implantation

Change:

- The criteria was reworked in the medically necessary policy statement addressing transcatheter pulmonary valve implantation for patients with congenital heart disease and current right ventricular outflow tract obstruction (RVOT) or regurgitation.

Tumor Treating Fields Therapy

Medicare Advantage change:

- The not medically necessary policy statement was deleted.

Protocols Reviewed Without Change

Previous effective dates indicated remain accurate for the following:

- Actigraphy
- Allogeneic Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias
- Artificial Intervertebral Disc: Cervical Spine
- Artificial Intervertebral Disc: Lumbar Spine
- Artificial Pancreas Device Systems
- Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions
- Autonomic Nervous System Testing
- Axial Lumbosacral Interbody Fusion
- Balloon Ostial Dilation for Treatment of Chronic Rhinosinusitis
- Bariatric Surgery
- Biofeedback for Miscellaneous Indications
- Cardiovascular Risk Panels
- Carrier Screening for Genetic Diseases
- Chromosomal Microarray Testing for the Evaluation of Pregnancy Loss
- 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
- Endothelial Keratoplasty
- Facet Joint Denervation
- Gastric Electrical Stimulation
- Gene Expression-Based Assays for Cancers of Unknown Primary
- Genetic Testing for Cardiac Ion Channelopathies

- Genetic Testing for Diagnosis and Management of Mental Health Conditions (Formerly Genetic Testing for Mental Health Conditions)
- Genetic Testing for Familial Cutaneous Malignant Melanoma
- Genetic Testing for Human Leukocyte Genes (HLA)
- Genetic Testing of CADASIL Syndrome
- Heart Transplant
- Heart/Lung Transplant
- Hematopoietic Cell Transplantation for Autoimmune Diseases
- Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma
- Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer
- Hematopoietic Cell Transplantation for Hodgkin Lymphoma
- Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults
- Hip Resurfacing
- Immune Cell Function Assay
- Implantable Sinus Stents for Postoperative Use Following Endoscopic Sinus Surgery and for Recurrent Sinus Disease
- Implantation of Intrastromal Corneal Ring Segments
- Interspinous Fixation (Fusion) Devices
- Intra-Articular Hyaluronan Injections for Osteoarthritis
- Lipid Apheresis
- Low-Level Laser Therapy
- Lysis of Epidural Adhesions
- Magnetoencephalography/Magnetic Source Imaging
- Microwave Tumor Ablation
- Multimarker Serum Testing Related to Ovarian Cancer
- Noninvasive Techniques for the Evaluation and Monitoring of Patients With Chronic Liver Disease
- Occipital Nerve Stimulation
- Orthoptic Training for the Treatment of Vision or Learning Disabilities (Formerly Orthoptic/Vision Therapy)
- Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux
- Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers
- Quantitative Sensory Testing
- Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors
- Radioimmunoscintigraphy (Monoclonal Antibody Imaging) With Indium 111 Capromab Pendetide for Prostate Cancer
- Reduction Mammoplasty for Breast-Related Symptoms
- Scintimammography and Gamma Imaging of the Breast and Axilla
- Sensory Integration Therapy and Auditory Integration Therapy
- Spinal Cord and Dorsal Root Ganglion Stimulation
- Subtalar Arthroereisis
- Surgical Treatment of Bilateral Gynecomastia
- Surgical Ventricular Restoration
- Transcatheter Mitral Valve Repair
- Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease
- Vagus Nerve Stimulation
- Viscocanalostomy and Canaloplasty

Deleted Protocols

Effective immediately, the following protocols are archived:

- Endometrial Ablation
- Multitarget Polymerase Chain Reaction Testing for Diagnosis of Bacterial Vaginosis

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