

Distribution Date: March 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 April 1, 2020, unless otherwise indicated:

Aqueous Shunts and Stents for Glaucoma

Medicare Advantage Change:

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

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

Changes:

- For Epidermal Growth Factor Receptor (EGFR) testing – the existing medically necessary statement and the investigational policy statements were revised.
- A medically necessary statement was added for the commercial testing for EGFR variants.

Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid

Changes:

- Primary changes were to add medically necessary indications for use of short-term or long-term continuous glucose monitoring (CGM) in specific Type 2 Diabetic patients with criteria.
- A medically necessary statement was added for the commercial testing for EGFR variants.
- An investigational policy statement on implantable CGM devices was added.
- Effective date is March 1, 2020.

Genetic Testing for Hereditary Breast, Ovarian Cancer Syndrome and Other High-Risk Cancers

Medicare Advantage Change:

- A New York State (NYS) Local Coverage Determination supports a not medically necessary statement which was added to the protocol.

Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes

Changes:

- The medically necessary policy statements for mismatch repair (MMR) and epithelial cell adhesion molecule (EPCAM) genetic testing expanded.
- One medically necessary policy statement added for genetic counseling.

Intra-Articular Hyaluronan Injections for Osteoarthritis

Medicare Advantage Changes:

- A NYS Local Coverage Determination was converted to the new billing and coding article format which removed the indications and Food and Drug Administration (FDA) approved drugs for Hyaluronan injections as it can be found on the FDA website.
- One medically necessary statement reworded and a not medically necessary statement added.

Microwave Tumor Ablation

Changes:

- The investigational policy statement changed to include medically necessary and investigational criteria.
- Preauthorization statement changed from "This protocol considers this test or procedure investigational. If the physician feels this service is medically necessary, preauthorization is recommended" to "Preauthorization is not required."

Protein and Genetic Testing for Prostate Cancer

Change:

- The word "other" added to an investigational policy statement criterion.

Medicare Advantage Change:

- Additional criteria added to the medically necessary policy statement for Prolaris testing.

Transcatheter Mitral Valve Repair

Change:

- One medically necessary policy statement added.

Tumor Treating Fields Therapy

Medicare Advantage changes:

- A NYS Local Coverage Determination added medically necessary and not medically necessary criteria for: newly diagnosed Glioblastoma Multiforme (GBM); newly diagnosed GBM beyond the first three months of therapy; and recurrent GBM.

New Protocol

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

Anesthesia for Dental Procedures

- The policy position includes medically necessary and not medically necessary criteria.
- Preauthorization is required.

Protocols Reviewed Without Change

Previous effective dates indicated remain accurate for the following:

- Actigraphy
- 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

- Biofeedback for Miscellaneous Indications
- Cardiovascular Risk Panels
- Cryosurgical Ablation of Primary or Metastatic Liver Tumors
- Dopamine Transporter Imaging With Single-Photon Emission Computed Tomography
- 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 Diagnosis and Management of Mental Health Conditions
- Genotype-Guided Warfarin Dose
- Heart Transplant
- Heart/Lung Transplant
- 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
- Hyperthermic Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies
- Immune Cell Function Assay
- Invasive Prenatal (Fetal) Diagnostic Testing
- Low-Level Laser Therapy
- Lysis of Epidural Adhesions
- 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
- Quantitative Sensory Testing
- Reduction Mammoplasty for Breast-Related Symptoms
- Sensory Integration Therapy and Auditory Integration Therapy
- Spinal Cord and Dorsal Root Ganglion Stimulation
- Steroid-Eluting Sinus Stents
- Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome
- Surgical Ventricular Restoration
- Transcatheter Aortic Valve Implantation for Aortic Stenosis
- Transcatheter Pulmonary Valve Implantation
- Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease

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