

**Distribution Date: May 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 No new protocols have been added and one has been archived.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 June 1, 2019:

#### **Amniotic Membrane and Amniotic Fluid**

Changes:

- Two medically necessary policy statements were expanded to include an additional human amniotic membrane product and an additional treatment for ophthalmic indications.
- A new medically necessary policy statement was added regarding human amniotic grafts with suture or glue for the treatment of two specific ophthalmic indications.
- One investigational policy statement was adjusted to support these changes.
- One investigational policy statement was deleted.

#### **Bioengineered Skin and Soft Tissue Substitutes**

Change:

- One investigational policy statement has been changed to add additional soft tissue substitute products.

#### **Cytochrome P450 Genotyping**

Changes:

- The title was changed to Cytochrome P450 Genotype-Guided Treatment Strategy.
- Classes of drugs were removed from the investigational policy statement addressing Cytochrome P450 genotyping for the purpose of aiding in the choice of drug or dose to increase efficacy and/or avoid toxicity.

Medicare Advantage change:

- One not medically necessary policy statement was added to address genetic tests that are unlikely to impact therapeutic decision-making in the clinical management of the patient.

#### **Dynamic Spinal Visualization**

Changes:

- The title was changed to Dynamic Spinal Visualization and Vertebral Motion Analysis.
- An investigational policy statement was added addressing vertebral motion analysis.

#### **Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies**

Medicare Advantage change:

- The Medicare Advantage statement was revised, by an internal decision, to remove criteria addressing FDA approval from the policy statement.

**Genetic Testing for Predisposition to Inherited Hypertrophic Cardiomyopathy**

Medicare Advantage change:

- A not medically necessary policy statement was added addressing genetic testing for inherited cardiomyopathy (e.g., hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) with a genomic sequence analysis panel.

**Hematopoietic Cell Transplantation for Autoimmune Diseases**

Changes:

- A medically necessary policy statement with criteria was added addressing autologous hematopoietic cell transplantation as a treatment of systemic sclerosis/scleroderma.
- The investigational policy statement was adjusted to support this change.
- A new investigational policy statement was added to address situations not meeting the medically necessary criteria.

**Hyperbaric Oxygen Therapy**

Medicare Advantage change:

- One bullet under the medically necessary policy statement was clarified.

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

Change:

- A new investigational policy statement was added to address genetic testing using multi-gene panels and Next Generation Sequencing (NGS) that test for additional genes that are listed in the other policy statements.

Medicare Advantage change:

- Additional genes were included under one of the medically necessary policy statements that address gene analysis.

**Stereotactic Radiosurgery and Stereotactic Body Radiotherapy**

Changes:

- New medically necessary indications were added to the policy statement addressing stereotactic radiosurgery using a gamma ray or linear accelerator unit.
- New medically necessary indications were added to the policy statement addressing stereotactic body radiotherapy.
- The investigational policy statements were adjusted to support these changes.
- This protocol is customized because NIA Radiation Oncology Management Program addresses cancers of the prostate, breast, lung, colon, and rectum, as well as metastasis to the brain/spine or bone and the related content has been removed.

**Protocols Reviewed Without Change**

Previous effective dates indicated remain accurate for the following:

- Allogeneic Hematopoietic Cell Transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms
- Antigen Leukocyte Antibody Test
- Automated Ambulatory Blood Pressure Monitoring for Diagnosis of Hypertension in Patients With Elevated Office Blood Pressure
- Biofeedback as a Treatment of Fecal Incontinence or Constipation

- Bioimpedance Devices for Detection and Management of Lymphedema
- Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions
- Computed Tomography Perfusion Imaging of the Brain
- Confocal Laser Endomicroscopy
- Cosmetic vs. Reconstructive Surgery or Services
- Dermatologic Applications of Photodynamic Therapy
- Diagnosis and Treatment of Sacroiliac Joint Pain
- Electrostimulation and Electromagnetic Therapy for Treating Wounds
- Gender Reassignment Surgery
- Genetic Testing for Alzheimer Disease
- Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia
- Intensity-Modulated Radiotherapy: Abdomen and Pelvis
- Intensity-Modulated Radiotherapy: Cancer of the Head and Neck or Thyroid
- Intensity-Modulated Radiotherapy: Central Nervous System Tumors
- Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas
- Isolated Small Bowel Transplant
- Kidney Transplant
- Light Therapy for Psoriasis
- Liver Transplant and Combined Liver-Kidney Transplant
- Lung and Lobar Lung Transplant
- Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Respiratory Disorders
- Measurement of Serum Antibodies to Infliximab and Adalimumab
- Nerve Graft With Radical Prostatectomy
- Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease
- Outpatient Pulmonary Rehabilitation
- Panniculectomy and Abdominoplasty
- Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy
- Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation
- Pharmacogenetic Testing for Pain Management
- Placental and Umbilical Cord Blood as a Source of Stem Cells
- Plugs for Anal Fistula Repair
- Transanal Radiofrequency Treatment of Fecal Incontinence
- Transcatheter Arterial Chemoembolization to Treat Primary or Metastatic Liver Malignancies
- Vertebral Axial Decompression
- Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders

### Deleted Protocol

Effective immediately, the following protocol is archived:

- Laboratory Testing for HIV Tropism

**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.