

Distribution Date: June 1, 2012

The following Medical Protocol update includes information on Protocols that have recently undergone an annual review. The review may have resulted in a revision to the guidelines or no changes at all. Ten new Protocols have been added and one existing Protocol has been deleted.

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 July 1, 2012 unless otherwise indicated:

Balloon Sinuplasty for Treatment of Chronic Sinusitis

Effective May 1, 2012, this service may be considered medically necessary. When performed in conjunction with a medically necessary functional endoscopic sinus surgery (FESS) in the same sinus, balloon sinuplasty would not be medically necessary, and no separate payment would be eligible.

Catheter Ablation of the Pulmonary Veins as Treatment for Atrial Fibrillation

Preauthorization not required.

Chromosomal Microarray (CMA) Analysis for the Genetic Evaluation of Patients with Developmental Delay/Intellectual Disability or Autism Spectrum Disorder

Effective May 1, 2012, this testing may be considered medically necessary for infants and children with developmental delay, intellectual disability, or autism spectrum disorder under certain conditions as further defined in a Policy Guideline section of the Protocol; terminology has changed from “array comparative genomic hybridization (aCGH)” to “chromosomal microarray (CMA) analysis”; preauthorization is required by the Physician who is ordering the test.

Cochlear Implant

Typographical change being made in the Policy Guideline section to change $\geq 30\%$ to $\leq 30\%$ in the definition where there would be limited benefit in children.

Computer-assisted Musculoskeletal Surgical Navigational Orthopedic Procedure

Separate Medicare Advantage criteria has been removed. (Medicare Advantage follows the general business policy.)

Dermatologic Applications of Photodynamic Therapy

Reference to surgery or radiation being contraindicated removed from the second not medically necessary indication.

Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome

Typographical corrections made to the oral appliances medically necessary criteria (only affected the numbering of the criteria) in the Medicare Advantage criteria.

Diagnosis and Treatment of Sacroiliac Joint Pain (formerly Sacroiliac Joint Arthrography and Injection)

This Protocol, which included new medical necessity criteria effective April 1, 2012, also included a statement regarding radiofrequency ablation being investigational as a treatment for sacroiliac joint pain.

Digital Breast Tomosynthesis

Effective May 1, 2012, the Benefit Application Section, which explained that the procedure was not paid separately was removed, however the service remains ineligible for reimbursement because it is investigational; if despite this, there is an unusual patient circumstance where you feel it should be considered medically necessary, a preauthorization approval should be requested; medical justification would need to be forwarded to Use Management, including the script from the physician who ordered it.

Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures

Congenital pseudoarthrosis is removed from the Medicare Advantage medically necessary indications because it is addressed in Protocol Electrical Bone Growth Stimulation of the Appendicular Skeleton, and did not belong in this Protocol.

Endovascular Grafts for Abdominal Aortic Aneurysms

Adding investigational statement for smaller aneurysms that do not meet the threshold for surgery and for aneurysms where the patient is ineligible for surgery due to medical limitations.

Fetal Surgery for Prenatally Diagnosed Malformations

In utero repair of myelomeningocele added as medically necessary.

Genetic Testing for Familial Alzheimer's Disease

While this remains investigational, if the service is felt medically necessary in a patient situation, preauthorization would be required.

Hematopoietic Stem-Cell Transplantation for Acute Lymphoblastic Leukemia*

Added a policy section for Medicare Advantage with medically necessary and investigational indications.

Hematopoietic Stem-Cell Transplantation for Acute Myeloid Leukemia*

For Medicare Advantage acute myeloid leukemia in relapse has been added as a medically necessary indication for allogeneic HSCT.

Hematopoietic Stem-Cell Transplantation for Breast Cancer

The separate Medicare Advantage statement has been removed. (Medicare Advantage follows the general business policy for HSCT for breast cancer.)

Hematopoietic Stem-Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma*

Trisomy 12 has been added to table 2 in the Policy Guidelines under the Specialized Center column.

Hematopoietic Stem-Cell Transplantation for Chronic Myelogenous Leukemia*

A separate Medicare Advantage section has been added with medically necessary and investigational policy statements.

Hematopoietic Stem-Cell Transplantation for Non-Hodgkin Lymphomas*

Clarified that peripheral T-cell lymphomas encompass mature T-cell and NK-cell neoplasms.

Hyperbaric Oxygen Pressurization (HBO)

Added the following to the investigational indications:

- acute surgical and traumatic wounds
- idiopathic femoral neck necrosis
- chronic arm lymphedema following radiotherapy for cancer
- radiation-induced injury in the head and neck.

Implantable Bone-Conduction and Bone-Anchored Hearing Aids

Added:

- Statement that partially implantable bone conduction hearing systems using magnetic coupling for acoustic transmission are investigational.
- To the Description/Background/Regulatory Status section that the skull bone quality and thickness should be adequate to ensure implant stability and that patient or caregivers need to be able to perform proper hygiene to prevent infection and ensure implant stability (part of FDA approval requirements).

Kidney Transplant

Absolute and relative contraindications have been added to the Policy Guidelines Section. Clarified that the contraindications are subject to the judgment of the transplant center as to their relevance in determining if a patient is appropriate for a kidney transplant or not.

Laboratory Testing for HIV Tropism

Genotyping is also included in the medically necessary and first investigational statement; previously the statements only included phenotyping.

Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Asthma and Other Respiratory Disorders

In the first policy statement “exhaled or nasal nitric oxide” was changed to “exhaled nitric oxide”; Benefit Application section added to explain that because it is not proven to add additional benefit nor add additional time and complexity to encounter, it will be considered incidental and not separately reimbursable.

Microprocessor-Controlled Prosthesis for the Lower Limb

Added the rehabilitation classification levels specifically as Medicare lists them into the Medicare Advantage criteria statements. While general business also includes use of these classifications, the wording under general business was not as clear in regards how it would apply for Medicare Advantage.

Negative Pressure Wound Therapy in the Outpatient Setting

Clarification made to the medically necessary policy statement in regards to continuation of powered NPWT; the FDA warning was added to the clinical guidelines.

Pharmacogenomic and Metabolite Markers for Patients Treated with Thiopurines

The word “enzyme” has been added to first medically necessary policy statement (in front of TPMT).

Small Bowel/Liver and Multivisceral Transplant*

Absolute and relative contraindications have been moved to the Policy Guidelines section.

New Protocols

The effective date of these new Protocols is July 1, 2012:

- Bio-Engineered Skin and Soft Tissue Substitutes: *Preauthorization required.*
- Bone Morphogenetic Protein: *Preauthorization required.*
- Catheter Ablation for Cardiac Arrhythmias
- Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis
- Genetic Testing for Predisposition to Inherited Hypertrophic Cardiomyopathy: *Preauthorization required.*
- KRAS and BRAF Mutation Analysis in Metastatic Colorectal Cancer
- Mechanical Embolectomy for Treatment of Acute Stroke
- Optical Coherence Tomography for Imaging of Coronary Arteries
- Quantitative Assay for Measurement of HER2 Total Protein Expression and HER2 Dimers
- Transcatheter Aortic-Valve Implantation for Aortic Stenosis: *Preauthorization required.*

Clinical Protocols Reviewed Without Change

Previous effective dates indicated remain accurate for the following:

- Artificial Intervertebral Disc: Cervical Spine
- Biofeedback for Miscellaneous Indications
- Cardiac Rehabilitation in the Outpatient Setting
- Charged-Particle (Proton or Helium Ion) Radiation Therapy
- Closure Devices for Patent Foramen Ovale and Atrial Septal Defects
- Dynamic Spinal Visualization
- End-Diastolic Pneumatic Compression Boot as a Treatment of Peripheral Vascular Disease or Lymphedema
- Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus
- Epidermal Growth Factor Receptor (EGFR) Mutation Analysis for Patients with Non-Small Cell Lung Cancer (NSCLC)
- Extracorporeal Photopheresis after Solid-Organ Transplant and for Graft-versus-Host Disease, Autoimmune Disease, and Cutaneous T-cell Lymphoma
- Gait Analysis
- Genetic Testing for Congenital Long QT Syndrome
- Genetic Testing for Helicobacter pylori Treatment
- Intensity-Modulated Radiation Therapy (IMRT): Abdomen and Pelvis
- Intensity-Modulated Radiation Therapy (IMRT): Cancer of the Head and Neck or Thyroid
- Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain
- Islet Transplantation*
- KRAS Mutation Analysis in Non-Small Cell Lung Cancer
- Low-Density Lipid Apheresis
- Manipulation Under Anesthesia
- MRI-Guided Focused Ultrasound (MRgFUS) for the Treatment of Uterine Fibroids and Other Tumors
- Myoelectric Prosthesis for the Upper Limb
- Nerve Graft in Association with Radical Prostatectomy
- Occlusion of Uterine Arteries Using Transcatheter Embolization
- Open and Thoracoscopic Approaches to Treat Atrial Fibrillation (Maze and Related Procedures)
- Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders
- Outpatient Pulmonary Rehabilitation

- Percutaneous Electrical Nerve Stimulation (PENS) or Percutaneous Neuromodulation Therapy (PNT)
- Real-Time Intra-Fraction Target Tracking During Radiation Therapy
- Routine Services for Qualifying Clinical Trials
- Spinal Cord Stimulation
- Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea
- Surgical Ventricular Restoration
- Technology Assessment
- Thermography
- Transanal Radiofrequency Treatment of Fecal Incontinence
- Transcatheter Arterial Chemoembolization (TACE) to Treat Primary or Metastatic Liver Malignancies
- Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders
- Vertebral Axial Decompression
- Vertebral Fracture Assessment with Densitometry

*Includes a Benefit Application section as a reminder that individual transplant facilities may have *additional* criteria or protocol that must be met for a patient to be considered eligible for a transplant.

Deleted Protocol

Effective immediately, the following Protocol is archived:

- High-Sensitivity C-Reactive Protein

The above are brief summaries. Please refer to the Protocols, posted on the provider web site, for the details of the updated Protocols and the new Protocols that affect your practice. If you need assistance obtaining specific Protocol updates, please contact Provider Service.