

**Distribution Date: June 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. One new protocol has been added and two have been archived.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 July 1, 2016:

#### **Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry (MCOT)**

Change:

- The position of the policy statement addressing MCOT was changed from not medically necessary to investigational.

#### **Cognitive Rehabilitation**

Change:

- One policy statement was expanded to include additional conditions for which cognitive rehabilitation is considered investigational.

#### **Cytochrome P450 Genotyping (CYP450)**

Changes:

- The position of the policy statement addressing CYP450 genotyping for the purpose of choosing or dosing clopidogrel was changed from medical necessary to investigational;
- A new medically necessary policy statement was added to address testing to determine drug metabolizer status for Gaucher disease (eliglustat) and Huntington disease (tetrabenazine);
- Edits were made to the investigational policy statement including the addition of serotonin-norepinephrine reuptake inhibitors to the list of drugs in this statement.

#### **Functional Neuromuscular Electrical Stimulation**

Medicare Advantage change:

- A medically necessary policy statement addressing the use of a conductive garment for this technology was added.

#### **Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer**

Medicare Advantage change:

- A new Medicare Advantage section has been added, including a medically necessary policy statement and a policy guidelines section.

**Genetic Testing for Familial Alzheimer Disease**

Changes:

- The title was changed to *Genetic Testing for Alzheimer Disease*;
- The investigational policy statement was changed to indicate application to risk assessment only (not diagnosis);
- The scope of the investigational policy statement was qualified to *asymptomatic individuals*.

**Genetic Testing for Predisposition to Inherited Hypertrophic Cardiomyopathy (HCM)**

Change:

- In the not medically necessary policy statement, the reference to first degree relatives was clarified to a first-degree relative *with established HCM*.

**Hematopoietic Stem Cell Transplantation for Acute Myeloid Leukemia**

Changes:

- The indications in the medically necessary policy statement addressing appropriate treatment with allogeneic hematopoietic stem-cell transplantation (HSCT) using a myeloablative conditioning regimen were clarified, including an additional indication;
- The terminology used in the policy statements to address remissions was standardized.

**Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation**

Medicare Advantage change:

- A Medicare Advantage section was added, including medically necessary and investigational policy statements.

**Treatment of Varicose Veins/Venous Insufficiency**

Changes:

- Criteria for a CEAP (clinical, etiology, anatomy, pathophysiology) score was added to the medically necessary statement addressing treatment of the great and small saphenous veins;
- The requirement for failure of compressive therapy was removed from the medically necessary statements for both great and small saphenous veins and accessory saphenous veins;
- *Cyanoacrylate adhesive of any vein* was an addition to the list of techniques which are investigational.

**Tumor-Treatment Fields Therapy for Glioblastoma**

Medicare Advantage change:

- A not medically necessary policy statement was added.

**New Protocol**

The effective date of this new protocol is July 1, 2016:

**Light Therapy for Psoriasis**

- There is a medically necessary policy statement with criteria addressing Psoralen plus ultraviolet A (PUVA) for the treatment of severe, disabling psoriasis;
- There is a medically necessary policy statement with criteria addressing targeted phototherapy for the treatment of moderate-to-severe localized psoriasis;
- There are investigational policy statements which address targeted phototherapy for the first-line treatment of mild psoriasis and for the treatment of generalized psoriasis or psoriatic arthritis;
- *Preauthorization is required*.

## Protocols Reviewed Without Change

Previous effective dates indicated remain accurate for the following:

- Allogeneic Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms
- Allogeneic Pancreas Transplant
- Antigen Leukocyte Antibody Test
- Arthroscopic Debridement and Lavage as Treatment for Osteoarthritis of the Knee
- Artificial Pancreas Device Systems
- Automated Ambulatory Blood Pressure Monitoring for the Diagnosis of Hypertension in Patients With Elevated Office Blood Pressure
- BCR-ABL1 Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia
- Biofeedback as a Treatment of Chronic Pain
- Biofeedback as a Treatment of Fecal Incontinence or Constipation
- Biofeedback as a Treatment of Headache
- Biventricular Pacemakers (Cardiac Resynchronization Therapy) for the Treatment of Heart Failure
- Catheter Ablation for Cardiac Arrhythmias
- Charged-Particle (Proton or Helium Ion) Radiotherapy (Formerly Charged-Particle [Proton or Helium Ion] Radiation Therapy)
- Confocal Laser Endomicroscopy
- Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid
- Cooling Devices Used in the Outpatient Setting
- Cosmetic vs. Reconstructive Surgery or Services
- Cytoreductive Surgery and Perioperative Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies
- Deep Brain Stimulation
- Dermatologic Applications of Photodynamic Therapy
- Dynamic Spinal Visualization
- Endovascular Therapies for Extracranial Vertebral Artery Disease
- Extracranial Carotid Angioplasty/Stenting
- Gender Reassignment Surgery
- General Approach to Genetic Testing
- Genetic Testing for Duchenne and Becker Muscular Dystrophy
- Genetic Testing for Hereditary Breast/Ovarian Cancer Syndrome (BRCA1/BRCA2) (formerly Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome [BRCA1/BRCA2])
- Genetic Testing for Marfan Syndrome, Thoracic Aortic Aneurysms and Dissections, and Related Disorders
- Genetic Testing for PALB2 Mutations
- Genetic Testing for PTEN Hamartoma Tumor Syndrome
- Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (formerly Hematopoietic Stem Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma)
- Hematopoietic Stem Cell Transplantation for Breast Cancer
- Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia
- Hematopoietic Stem Cell Transplantation for Non-Hodgkin Lymphomas
- Hematopoietic Stem Cell Transplantation for Solid Tumors of Childhood
- Hematopoietic Stem Cell Transplantation in the Treatment of Germ Cell Tumors

- Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence
- 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 or Metastasis to the Brain
- Intraoperative Neurophysiologic Monitoring (Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring)
- Islet Transplantation
- JAK2 and MPL Mutation Analysis in Myeloproliferative Neoplasms
- KRAS, NRAS, and BRAF Mutation Analysis in Metastatic Colorectal Cancer
- Laboratory Testing for HIV Tropism
- Laboratory Tests for Heart Transplant Rejection
- Liver Transplant
- Lung and Lobar Lung Transplant
- Magnetic Resonance-Guided Focused Ultrasound (formerly Magnetic Resonance Imaging-Guided Focused Ultrasound)
- Manipulation Under Anesthesia
- Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Asthma and Other Respiratory Disorders
- Microprocessor-Controlled Prostheses for the Lower Limb
- Negative Pressure Wound Therapy in the Outpatient Setting
- Nerve Graft in Association With Radical Prostatectomy
- Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease
- Oncologic Applications of Photodynamic Therapy, Including Barrett Esophagus
- Optical Coherence Tomography for Imaging of Coronary Arteries
- Optical Coherence Tomography of the Anterior Eye Segment
- Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders
- Outpatient Pulmonary Rehabilitation
- Pelvic Floor Stimulation as a Treatment of Urinary and Fecal Incontinence
- Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy
- Pharmacogenetic Testing for Pain Management
- Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis
- Quantitative Assay for Measurement of HER2 Total Protein Expression and HER2 Dimers
- Scintimammography and Gamma Imaging of the Breast and Axilla
- Small Bowel/Liver and Multivisceral Transplant
- Spinal Cord Stimulation
- Stereotactic Radiosurgery and Stereotactic Body Radiotherapy
- Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea
- Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome
- Technology Assessment
- Thermography
- Total Artificial Hearts and Implantable Ventricular Assist Devices
- Transcatheter Arterial Chemoembolization to Treat Primary or Metastatic Liver Malignancies
- Vertebral Axial Decompression
- Wearable Cardioverter Defibrillators

## Deleted Protocols

Effective immediately, the following protocols are archived:

- Fetal Surgery for Prenatally Diagnosed Malformations
- Systems Pathology in Prostate Cancer

**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.